THE

MEDICAL EXAMINER,

AND

RECORD OF MEDICAL SCIENCE.

NEW SERIES.—NO. LXVI.—JUNE, 1850.

ORIGINAL COMMUNICATIONS.

PHILADELPHIA COUNTY MEDICAL SOCIETY. *Some Hints on the Comparative Influence of dry and moist hot air in the causation of Disease.* By SAMUEL JACKSON, M. D., (late of Northumberland,) President of the Society.

MR. EDITOR,—I wish to caution the reader of this paper, should it find one, against a great mistake which he may fall into, as did some members of the Society in the discussion thereof. It was argued against me that dry hot summers cause fever. Now this is known to every one, this has become common knowledge, and is true with some exceptions: but mark—though rains are deficient in these summers, the air is not therefore always dry. Streams, millponds, marshes are half and some of them wholly dried up; but there is water enough left somewhere on the earth or under the soil, to moisten the air. With this moisture there is emitted from those half-dried lands, that insensible something called miasma, known only by its effects, as attraction and repulsion, mesmerism, catalysis, &c., are known. But with miasma this paper has nothing to do unless so far as moisture favors the deadly operation thereof; the point to be argued is simply—whether *dry* hot air is not safer than *moist;* and if this be affirmed—whether the washing of pavements and the sprinkling of streets can seriously add to the general moisture.

Much might be added to the paper, but I wish to give it to you precisely as it was read, excepting some matter enclosed in brackets. It was written in haste and in sickness, merely for the purpose of firing the Society's latent

heat, and of striking out some scintillations therefrom, by which our lamps might be lighted and our ways made safe. S. J.

GENTLEMEN :—

Our society has appointed a Committee on Hygiene, whose important and laborious province it is, to have regard to the health of this wide-spread, crowded city ; and in order to facilitate their labors I proposed at the last meeting this subject for discussion at the present time—*whether the sprinkling of streets and the washing of pavements is injurious to health?* It may appear yet more appropriate when it is remembered that the city Councils consulted last summer, on this subject, many of our most learned physicians, and that they received very discordant and even contradictory answers. Now it is surely high time that this subject was thoroughly understood, and that physicians were able to answer, not only correctly and philosophically, but with promptness and confidence.

In order to bring the subject fairly before the meeting and to elicit some debate, I have written a few pages which I hope will have this effect. I state it then as a philosophical fact, that *a great excess of heat is tolerated by the human body without injury, provided there be no excess of moisture.* Now I hope the society will not expect me to elucidate this proposition in a very able manner, or even successfully, for I ought not to arrogate much of their time, and, moreover, it is more than probable that much evidence, and even the most weighty, may have entirely escaped me ; but in one point it may be hoped that I shall not be disappointed, my object being to provoke an amicable controversy by which the truth may be fairly and philosophically stated.

With respect to collecting evidence from medical topography, there is much uncertainty, because some unknown elements are supposed by many to conspire with heat and moisture in the causation of disease ; but when health prevails amidst excessive dryness with excessive heat, the evidence is direct and positive as far as human reason can go. One of the strongest facts that can be adduced, is from the travels of Baron De Humboldt. This great man, who had travelled over the whole world either in person or by reading, says, that hot countries are healthy provided they are dry. "The province of Cumana, the coast of Coro, and the plains of Caraccas, sufficiently prove that heat alone is not the cause of great mortality. In countries very warm but at the same time

dry, the human race enjoys a longevity perhaps greater than in the temperate zones, where the heat and the climate are excessively variable. Europeans, who at an age a little advanced, migrate into the equinoctial part of the Spanish colonies, generally attain to a serene and happy old age."*

Sir James McGregor in his Medical Sketches, p. 83, says—"for the last eighteen months, in the hot season, the men had much duty. They were daily marched two miles to the fort of Bombay, where they were much exposed to the sun on the garrison duty; and in the heat of the next day, were marched back to their barracks on the island of Colabah. Yet it appears the hot months were the most healthy by far." And speaking of Egypt in the next page he says—"though the degree of heat be very considerably increased, I believe that unless combined with intemperance, it very rarely is the exciting cause of disease."

Dr. Lind says that Senegal, about 16° N. latitude, is healthy during the dry months. The wet season, to use his own words, "is of four months continuance and is the season of sickness; whereas for many months in the dry season, most parts of the country are equally healthy and pleasant with any in the world." Now a portion of this healthy period is when the sun is vertical; for the rains do not set in till he begins to return from the northern tropic. The heat must therefore be excessive, for Lind says that in December, 1763, it was 93° Fahr. "when the sun had made his most distant retreat from that place." What then must it have been under his perpendicular rays towards the latter part of the dry season?

[South of this region and between the thirteenth and fourteenth degrees of North latitude, the ever lamented Park led forty Europeans more than four hundred miles eastward, from the 26th April to the 10th of June. The heat must have been excessive, for the sun was nearly vertical the whole journey; yet notwith-

* L'Hindoustan et l'Amérique Méridionale. surtout la province de Cumana, la côte de Coro, et les plaines (Llanos) de Caraccas, prouvent assez, que la chaleur seule n'est pas la cause de grande mortalité. Dans les pays très-chauds mais secs à la fois, l'espèce humaine jouit d'une longévité peut-être plus grande que celle que nous observons dans les zones tempérés. C'est le cas partout où la température et le climat sont excessivement variables. Les Européens qui, à un age un peu avancé, se transportent dans la partie equinoxiale des colonies espagnoles, y parviennent généralement à une belle et heureuse vieillesse. Voy. de Humboldt et Bonpland Trois. part. l. II. p. 61.

standing this and their cruel exposures and hardships and unavoidable irregularities, there was but one death from disease of the climate. One man died of epilepsy and two sickened of dysentery, of whom one recovered though travelling on an ass with a footman on each side to support him on the saddle.

But on the 10th June the rains set in for the wet season and a tornado says Mr. Park—*Journal of Second Mission*—" had an instant effect on the health of the soldiers and proved to us the *beginning of sorrow.* I had proudly flattered myself that we should reach the Niger with a moderate loss; two men had been sick of the dysentery of whom one had recovered completely on the march, and the other would doubtless have recovered had he not been wet by the rain. But now the rains had set in and I trembled to think that we were only half way through our journey."

The next day, twelve men were sick; all the rest sickened in a short time; and before the raining season was over, they were all dead except four, though Park was an educated experienced physician and provided with bark and other medicines.

Such is the deadly change effected by adding moisture to heat. Now let us see how quickly this fatal moisture is dried up and health restored. In Park's Journal of his first travels, we find chapter twenty begins with the following notable paragraphs:

" The whole of my route both in going and returning, having been confined to a tract of country bounded nearly by the twelfth and fifteenth parallels of latitude, the reader must imagine, that I found the climate in most places extremely hot; but nowhere did I feel the heat so intense and oppressive as in the camp at Benowm, of which mention has been made in a former place. In some parts, where the country ascends into hills, the air is at all times comparatively cool; yet none of the districts which I traversed could properly be called mountainous. About the middle of June, the hot and sultry atmosphere is agitated by violent gusts of wind, called *tornadoes*, accompanied with thunder and rain. These usher in what is denominated *the rainy season*, which continues until the month of November. During this time the diurnal rains are very heavy, and the prevailing winds are from the south west. The termination of the rainy season is likewise attended with violent tornadoes; after which the wind shifts to the north-east, and continues to blow from that quarter during the rest of the year.

" When the wind sets in from the north east, it produces a wonderful change in the face of the country: the grass soon becomes

dry and withered, the rivers subside very rapidly, and many of the trees shed their leaves. About this period is commonly felt the *harmattan*, a dry and parching wind, blowing from the north-east, and accompanied by a thick smoky haze, through which the sun appears of a dull red color. This wind, in passing over the great desert of Sahara, acquires a very strong attraction for humidity, and parches up everthing exposed to its current. It is, however, reckoned very salutary, particularly to Europeans, who generally recover their health during its continuance. I experienced immediate relief from sickness, both at Dr. Laidley's and at Kamalia, during the harmattan. Indeed, the air during the rainy season is so loaded with moisture, that clothes, shoes, trunks, and every thing that is not close to the fire, become damp and mouldy, and the inhabitants may be said to live in a sort of vapor bath, but this dry wind braces up the solids, which were before relaxed, gives a cheerful flow of spirits, and is even pleasant to respiration."]

Bordering on this region is the great Sahara, where heat and drought prevail to an excessive degree, and yet the wandering Arabs are so healthy, that they find it more difficult to die than other nations find it to live. They endure to a greater age than any other people, and when at last they die, it is not of disease, but rather of a natural mummification. So dry and hot is the air, that their dead bodies, as well as their camels flesh, dry up and resist putrefaction.

Adjoining Sahara lies the ever celebrated land of Egypt: consider how healthy this country must have been in ancient times, when its little delta with its mere strip of land up the Nile, supported an immense population and furnished such a surplus of corn that it was called the granary of the Roman empire. Here it seldom rains and the lands are dried by the scorching winds from the Libyan desert, yet it was and continues to be a healthy country, the plague excepted. Even this is arrested by drought and heat. Volney says that in Egypt, the winter, being warm and humid, foments the plague; summer, being hot and dry, destroys it. Summer acts on the plague as it does on flesh which it prevents from putrefying." Heat, he continues, "is injurious only when combined with moisture."* In accordance with this, Sir J. McGregor says p. 99,

* En Egypte, l'hiver fomente la peste parce qu'il est humide et doux; l'été la détruit parce qu'il est chaud et sec. Il agit sur elle comme sur les viandes qu'il ne laisse pas pourrir. La chaleur n'est malfaisante qu' autant qu' elle se joint à l'humidité." *Voy. en Syrie et en Egypte, vol. I.* 231.

that " the diseases which occurred in the army of Egypt, were not numerous."

Sonnini declares that the modern Egyptians have neglected every thing that could contribute to the health of their country, and have done every thing to render it unhealthy. He says " under the hands of these barbarians, the ancient works indispensable to the fertility of the soil and salubrity of the air, were daily disappearing. Marshes occupied the place of useful lakes: some canals were filled up, others were nothing but a body of stagnant water during one part of the year, the fetid effluvia of which were disseminated far around. The stench arising from the carcases of dead animals infested the country and sometimes even the precincts of the towns. In short it seemed as if the inhabitants studied to render their country unhealthy. What opinion then, says he, must we entertain of the goodness of a climate which, in spite of the mischiefs of careless ignorance, had acquired no dangerous influence." He says much more in praise of the climate and adds, that " you may see Turks from Constantinople, worn out by debauchery and disease, who after a little stay in this country resume the appearance of health."—*Hunter's Translat.*

But as already observed, the examples from medical topography in favor of dryness, are liable to much contradiction or caviling, therefore we should be glad to find some that might prove unobjectionable. A strong fact in favour of a dry atmosphere, is found in *Combe on the Constitution of Man*, one of the best and most useful books in relation to health and morals that ever saw the light. In the first edition, and we presume in all subsequent ones, there is a letter from Captain Murray of the Royal Navy, on the subject of preserving the health of his men. His ship sailed from Plymouth to the West Indies in December 1823, having just returned from the coast of Labrador and Newfoundland, where she had been stationed two years, the crew amounting to 150. Here was a sudden and dangerous transition from excessive cold to excessive heat. Now after detailing his care with respect to the procuring of flannel shirts for every man and the compelling of his men to wear them, he says—" the quarter and main decks were scrubbed with sand and water and wet holystones every *morning at daylight.* The lower decks, cockpit and storerooms were scrubbed every day after breakfast with *dry* holystones and *hot* sand

until quite white, the sand being carefully swept up and thrown overboard. The pump-well was also swabbed out dry and then scrubbed with holy stones and *hot* sand; and here, as well as in every part of the ship which was liable to damp, brodiestoves were constantly used until every appearance of humidity had vanished. The lower deck and cockpit were washed once every week in dry weather, but brodiestoves were kept constantly burning in them until they were dry."

"I was employed on the coast of Caraccas, the West India islands, and gulf of Mexico; and in course of service, I visited Trinidad, Margarita, Cocha, Cumana, Nueva Barcelona, Laguira, Porto Cabello, and Maracaibo; all the West India islands from Tobago to Cuba both inclusive; as also Curaçoa, and Druba, and several of those places repeatedly; also Vera Cruz and Tampico; which you must admit must have given a trial to the constitutions of my men after two years among the icebergs of Labrador, without a summer intervening between that icy coast and that of Caraccas; yet I arrived in England June 24th without having buried a single man or officer belonging to the ship, or indeed having a single man on the sick list; from which I am satisfied that *a dry ship will always be a healthy one in any climate.* When in command of the Recruit of 18 guns, in the year 1809, I was sent to Vera Cruz where I found the —— 46, the —— 42, the —— 18, and —— gun-brig; we were joined by the —— 36, and the —— 18. During the period we remained at anchor, from eight to ten weeks, the three frigates lost from thirty to fifty men each, the brigs sixteen to eighteen, the —— lost most of her crew with two different commanders; yet the Recruit, although moored in the midst of the squadron and constant intercourse was held with the other ships, did not lose a man and had none sick. Now as some of these ships had been as long in the West Indies as the Recruit, we cannot attribute her singularly healthy state to seasoning, nor to superior cleanliness . . . . . perhaps it may be attributed to cheerfulness in the men; to my never allowing them to go on shore in the morning on an empty stomach; to the use of dry sand and holystone for the ship; to never working them in the sun; perhaps to accident. Were I asked my opinion I would say, that cheerfulness contributes more to keeping a ship's company healthy than any precaution that can be adopted."

But whence this salutary cheerfulness? Was it not principally the result of their continual health? Would they not have been dispirited, had they seen their mates whelmed in the ocean as they saw the men from the other ships? What then was the source of this unexampled health? Captain Murray says—"*I am satisfied that a dry ship will always be a healthy one in any climate.*"

Though the experiments of Dr. Fordyce and Sir Charles Blagden are not entirely satisfactory in all their details, yet there is a fact of importance that was fairly established by them:—they could remain much longer in a *dry* heated chamber than in a *moist* one; a fact which no one can doubt who has known the difference between a northerly wind in summer and the *madidus auster.*

Does any one object that the winds on and from the deserts of Asia and Africa, are so dry as not only to prove injurious but sometimes suddenly fatal, he may be answered, that I am not proposing to defend a *quid nimis.* While we propose the heat of our own summers as not hurtful *in itself*, I would yet deprecate the Harmattan or Samiel wind; so while others would defend a greater degree of moisture than I could approve, they would yet avoid the blasts of the moist Sirocco.* Whoever has the practice of crying *ne quid nimis*, should beware that he has definite notions of what he is deprecating. Rooms warmed by stoves and furnaces do certainly require an evaporation of water, particularly in dry and freezing weather, for the air is then almost destitute of vapor and when heated by mineral coal, it acts on the lungs by carrying off too much fluid: so also the air is too dry at great elevations for it dessicates the lungs; but there is a degree of dryness which is propitious both to health, comfort, and exertion. On the high table land of Mexico the Americans fought like lions, under a sun at that time nearly vertical, and it is almost incredible what exertions they made. Some of them, in relating to me their inordinate labors, remarked, that they did not sweat; this was a great mistake, for their life depended on this salutary function. The sweat was carried off by the dry but sufficiently dense air of that moderate elevation, so fast as not to be perceived by them. So

* Est modus in rebus, sunt certi denique fines
Quos ultra citraque nequit consistere rectum.
Horat. Sat. 1.

Schmidtmeyer says, " that in Chili, notwithstanding the very high temperature in summer, the perspiration passes off so entirely in the insensible form, that during the most violent exercise, it might be doubted whether any exist." *Dunglison's Hyg. Ch. I.* At Mexico we heard of no one dying of mere heat, but at the battle of Monmouth, which was fought in a low country not far from the sea, June 28th, 1778, both English and Americans, though they fought in the old fashioned and more gentle way, fell by dozens, perishing of mere heat, without the stroke of an enemy.

It is far more difficult, however, to render probable the salubrity of hot dry air, than to prove the perniciousness of hot air that is loaded with vapour; for look into authors and you will find that this is mentioned by every one as influential in causing or promoting the causes of disease. Pringle would appear from a short passage to contradict this when he says, *Part II. Ch.* 2, " pestilential diseases have frequently occurred in dry and hot summers, and I have observed that the most sickly seasons in the field have been attended with the greatest heat and the least rain." But here he forgets to tell his whole story at once, for the troops did not sicken *till they were encamped in the marshes*, as may be seen in the same chapter where he makes this assertion which he nowhere contradicts :—" in every campaign, he says, no epidemic ever ensued on the greatest heats till the perspiration was stopped by wet clothes, wet beds, dews, or fogs: and in the last campaign, though the heats were great, yet they were the cause of little sickness till the troops were *cantoned in marshes.*" By pestilential diseases, moreover, he means the plague, for he refers to Diermb. and Bacon on this disease; and that dry heat does not favor this we have various testimony. Lind says it ceases in Egypt the beginning of June, " when the periodical hot winds from the deserts of Nubia and Ethiopia have rendered the air pure and wholesome :"—not the overflowing of the Nile, as some have ignorantly asserted, for this has not yet taken place. The same ceasing of the plague in hot dry weather, we mentioned above from Volney; and Sonnini says, *Hunter's translation, p.* 18, that it always ceases at the summer solstice.

But it often happens that the cautious opinion of an authoritative man is of more weight than a multitude of facts, from which every one who pleases, may often find ways of escape. With re-

spect then to the operation of an excessive moisture, I presume there is no better authority than the author of a paper in the Philadelphia Medical and Physical Journal, vol. xi. 297, a learned and eminent writer, who has devoted much time to this and similar studies.

"Simple atmospheric moisture, without any great extreme of temperature, is not found to be productive of bad effects on a healthy subject conforming to the rules of hygiene. It gives, however, greater activity to the operation of both heat and cold; and is, when conjoined with either, a frequent cause of disease. Humidity acts on the skin by diminishing exhalation and absorption, and producing an atony of the extreme vessels. The circulation participates in this languor. The thirst is less, and the secretion of urine more abundant. Respiration is laborious; a kind of oppression is felt, owing probably to the watery vapor not being completely expelled from the lungs; the air which served for inhalation having been already charged with humidity. The secretion from the mucous membranes is usually augmented, hence a species of coryza and even diarrhœa. The senses are usually more obtuse in a humid air, owing to the undue moistening of their surfaces. Sensibility in general is blunted, muscular power diminished, and all the movements of the body slower and less agile.

"Tourtelle in his Hygiene, assures us that a humid state of the atmosphere is unfavourable to vegetable as well as animal life, and alters strangely the fluids and secretions. In a wet spring the flowers of the yellow laurel rose, (ægolethron,) are poisonous, and the honey which the bees extract from them has similar noxious properties.

"Moisture joined to cold constitutes one of the most efficient agents in the production of scurvy, scrofula, cynanche tonsillaris and trachealis, catarrhal fevers, and rheumatism. It is often the exciting cause of diarrhœa, dysentery, and tetanus, the more especially if there has been preceding great heat. In northern latitudes there is no condition of the air so invariably pernicious, so chilling and oppressive to the organs of respiration as the combination of frost with fog. It is this state, which has been found to accompany, if not produce, extensive influenzas and wide spreading pneumonic diseases.

"In southern countries on the other hand, the union of heat and moisture may be viewed as exerting an influence paramount to that of all other causes, whether it be between decks of a ship, in close barracks, or in the lower parts of a city, and the swamps and low grounds in the country. This condition of the atmosphere acquires greater intensity of effect from the calms, or little circulation of air so often accompanying it. There is in fact a stagnant atmosphere

which needs no miasmatic aid to give it destructive power. Moisture and cold, will, if ventilation be not attended to, produce scurvies on board a ship. Moisture and heat, with equal negligence in ventilation, will, in the same situation, be followed by remittent or gastric fevers."

So strongly was the author, Dr. John Bell, impressed with the dangers from an excess of moisture, that he considers it when conjoined with heat, as one cause of what have been called koino-miasmatic fevers. This, moreover, has been the opinion of other philosophers. You are aware that Dr. Willis and Mr. Hopkins lately excogitated a theory of the causation of fever in which they considered hot air saturated with vapor as the sole remote cause, thus annihilating all the old imaginations of miasma. Though far from adopting their doctrine, yet I am fully persuaded that these gentlemen have reasoned fairly concerning the operation of vapor on the human body.

They say it is comparatively easy to remain, for a certain time, in a stove room of a temperature considerably higher than that of the body, *if the air be dry.* Here then is a free perspiration and a rapid solution of it by the parching air. Thus M. de la Roche, Dr. Willis says, found that animals lived longer in dry air "*of excessively high temperature*" than in a moist air of their own temperature. Now, he continues, it is highly interesting to observe, that the air of unhealthy intertropical climates differs little from that of a vapor bath, at 80° or 90° of Fahr. The dew point is very high and the air already nearly saturated with water, cannot dissolve and carry off the perspiration; the patient therefore becomes shut up in a little atmosphere of his own which excludes a due proportion of oxygen and prevents perspiration—thus the functions are perverted and fever, as they say, may be generated.

Now independently of the direct operation of heat and moisture, whatever that may be, the common experience of all men agrees, that the combination is highly favorable to the generation and spreading of disease. This consideration ought to weigh heavy with the guardians of public health. Whether the streets of Philadelphia are in winter or summer too damp, hence depressing the vital forces and generating or spreading diseases, is a question we ought to be prepared to answer with confidence and truth. That this is the case from October to May inclusive, at least whenever the atmosphere is not rendered anhydrous by continued severe

frost, hardly any one can answer in the negative; but with respect to the hotter portions of the summer months, a doubt has been expressed by many.

It is observed by Cowper that God made the country and man the cities; by which he means that cities are like their inhabitants, mere productions of degenerate beings and partakers of all their evils. What physical causes then are found in a great city which are not common to it and to country situations, *both equally favored by nature?* It may be fairly answered that dampness is one of the most prominent. You cannot spare me time to enter into proofs of this, nor do I suppose that proofs are necessary. It is felt in all the temperate months and in all the cold months when vapour is not locked up by frost: it is perceived in the hot months, for no sooner do we go beyond the limits of the city in August or September than the invigorating influence of the country air is sensibly felt; no sooner do we return to the city than we perceive the depressing spirit of dampness. What is it that produces more disease, and particularly cholera infantum, in damp sunless alleys and courts than in the open streets? What produces more in the open streets than in the country? Why do you hurry the little half-dead patients into the country air? Do you say, it is *impure* and not *damp* air that you fly from? Be it so: but as dampness is a mortal propagator of foulness and all the remote causes of disease, and is often an exciting cause also, do not neglect, let us say to the Councils, to obviate it by all the means in your power.

Whether the sprinkling of streets and the watering of pavements, are sufficient to increase the manifest evil, ought to be well considered; for if all the principal streets were traversed daily by the great sprinkling machine, there would surely be a few degrees added to the hygrometric state of the atmosphere. But take this in conjunction with the general washing of the pavements, side alleys, and yards, and who can doubt, but that a sensible addition will be made to the existing vapor, already too great both in winter and summer? Let us remember too, that over these pavements deluged with water and rendered damp very often till they are deluged again either from the clouds or the hydrants, our most delicate and sickly ladies are accustomed to walk for their health.

The sprinkling of the streets has been compared to a shower of rain in its pleasant and salutary effects, but the comparison is utterly unjust. Rain is pure water from the higher regions and in its descent, it washes and purifies the air; but the sprinkling is done with the impure and pestiferous water of the Schuylkill. The water from the machine, were it pure, could not wash the air, as it has not twenty-four inches to fall. Rain, moreover, not only washes the impure air through which it descends, but, as it consists of vesicles of pure water containing the pure air from the higher regions, it supplies this "*pabulum vitæ*" to no inconsiderable degree.

Does any one say that chemistry has often been applied and has found in the Schuylkill water nothing pernicious, let him be answered that chemistry is not a science but a cunning art. 'Tis true, it has done wonders for medicine, for the arts, and for philosophy, but still it must be considered as imperfect and fallacious. There are many impurities and poisons in the air which it cannot ascertain, and why should there not be in water, particularly when our olfactory organs are offended thereby? I have walked in the rear of the machine and never without perceiving a very offensive smell, which with the vapour and the consequent exclusion of oxygen, rendered respiration oppressive and walking laborious. I have heard others make the same complaint whose lungs like my own, are perfectly sound. Those fortunate persons who can ride in their carriage, need less breath and of course they are less annoyed.

Will any one say that he has stood at the Franklin-square fountain without perceiving a heavy and oppressive fetor? I need not name the various sources of impurity in the Schuylkill water, but there is one I may mention which perhaps is not generally known. A gentleman of great learning and authority told me, that he stood by one of the Fairmount fountains when the water had been nearly drawn off, and that he saw thousands of fish floundering in the bottom. He added that the various excrements of these were breathed in our streets and drunk at our tables; for when he went to the leeward of the fountain, their smell was intolerable. A medical professor of great learning thinks that he perceives a foul exhalation from the water pans of the furnaces by which houses are warmed: that from day to day fresh water is added without

washing the pan and the foulness of the sediment rises in distillation.

Some one may repeat what I have often heard, that this water must make nearer approaches to purity than that of the Thames which in part supplies London; but this comparison does not purify the Schuylkill. True, it is better to have water from this river than from the Thames or from our own pumps, so it is better to have yellow fever than cholera: but when we cannot avoid an evil, let us be honest and not persuade ourselves that it is a good; let us not deceive ourselves into the sluggard's optimism which is an enemy to all progress. The smell of the Schuylkill water when poured forth in large quantities so as to be diffused and dissolved in the air, is truly very offensive; nor can you say that the bottom of your pitcher in the morning is altogether inodorous. When I stood by the fountains in New York and Boston, though they poured forth water much faster than ours, I perceived no smell. The time will no doubt come when, from causes unnecessary to name, Philadelphia will be obliged to bring her water from the Lehigh or the Delaware far above the Falls.

This impure and odorous water then is showered over the streets, where, mingling with the impure miasma-genetic materials there spread abroad, a poisonous exhalation is diffused through the air, is precipitated by the dew of the coming night, and breathed in its descent by all who would enjoy the external air whether in the houses or streets.

Should it be inquired—would you not wash out the gutters and sprinkle the streets while the scavengers are engaged in scraping and sweeping—do both with all my heart, for this is a very different affair. Let the waters pour down the gutters in the greatest abundance, for it passes on rapidly in a narrow stream and has not time to evaporate; and the scavengers sprinkling is raked into heaps and hauled away, before there is time to do mischief.

What then is to be done with the filthy pavements? Sweep them once a day and they will not be filthy—they will be clean enough for any queen in Europe, even for her who walked over the mud on Raleigh's ermine. If the *aristoi* wish to distinguish themselves, let them use dry sand, as in Ancient Rome they used sawdust for such purposes. Juvenal says to his friend—" wretched

man, are you in a state of hurry and alarm, lest your hall and your porch covered with mud, may displease the eyes of your coming friend? A little servant with a half bushel of saw-dust will soon cleanse them. But are you not concerned, that your son may see his home sanctified, unspotted, and free from vice?"*

The washing of the pavements is a very great evil whether in winter or in summer, independently of the dampness it adds to the atmosphere. If done in the morning, it annoys passengers by wetting their feet, and not unfrequently the pavements become thereby covered with ice and dangerous to all pedestrians: if done in the evening as it often is, it is sure to have this effect in freezing weather; and in the milder, they remain wet till the next day noon. Now it is a fact, that there are many sick people who cannot take fresh air except by walking, and to them, and indeed to all delicate people, the damp pavements present a very formidable obstacle. This is not an hypothesis of mine, but a stubborn fact from the lips and hearts of many sickly people.

Pulmonary Gangrene. By Moreton Stillé, M. D., of Philadelphia.

In the thirteenth volume of the Prague Quarterly Journal of Practical Medicine, may be found an article upon Pulmonary Gangrene, by Dr. Fischel, physician to the Insane Asylum of the city of Prague. It is one of those valuable contributions to medical literature, which, from being in a language not generally understood, is not available to the mass of English readers. As, however, it relates to a subject rarely submitted to extended investigation, and contains many interesting observations, we propose to make use of it as a basis for the remarks we have to offer on this subject, and compare the opinions of the author with those of other writers. The disease treated of, although a rare one, is at the same time of much pathological interest, and on account of its infrequency is not as well understood as it ought to be. Reports of

*Ergo, miser, trepidas, ne stercore fœda canino
Atria displiceant oculis venientis amici,
Ne perfusa luto sit porticus; et tamen uno
Semodio scobis hæc emundet servulus unus.
Illud non agitas, ut sanctum filius omni
Aspiciat sine labe domum vitioque carentem?—Juv. xiv. 64.

the nature of that prepared by Dr. Fischel deserve to be made generally known, for it is by such laborious investigations that the bounds of our science are enlarged, and a wider field of profitable study reclaimed.

In the space of six years, viz., from 1840 to 1845 inclusive, there were made, at the Prague institution for Morbid Anatomy 3437 autopsies. Of this number, 3102 came from the General Hospital, the Lying-in and Foundling Hospitals, and 335 from the Insane Asylum. The cases of pulmonary gangrene among the former were 55, among the latter were 25, which is a proportion among the sane of 1.6, and among the insane of 7.4 to every 100 autopsies. This excess of cases among the insane was constant in each year, a fact which seems to preclude the idea that the great mortality from gangrene of the lung was due to an epidemic influence. The form of insanity was melancholy in 12, epilepsy in 5, mania in 4, and in 4 idiocy.

Dr. Fischel considers that this predominance of the cases among the insane, shows a greater liability to the disease upon their part; an opinion which is in harmony with the views of Genest and Guislain. He thinks also that its more frequent occurrence among those suffering under the depressing forms of mental disease, confirms the idea of its being dependent upon an impairment of the nervous energy, but does not venture to locate this supposed lesion, as some have done, in the pneumogastric nerves. Its exciting cause in the majority of his cases was insufficient and improper food. Others enumerated were loss of blood, abuse of ardent spirits, great physical exertion, and prolonged venereal excess. This statement gives, of course, but a very imperfect view of the etiology of gangrene of the lung. The persons who came under Dr. Fischel's observation were insane, and confined in a public charitable institution, their energies were exhausted by poverty, excess and actual disease, as well as by prolonged confinement, and voluntary abstinence from food. It is not difficult, therefore, to perceive how all these causes may have concurred to produce a condition of the system favoring the development of gangrene. It would not be correct, however, to regard them as the ordinary causes of the disease as it occurs in persons not under the same unfavorable hygienic circumstances. If its incidental development in the course of diseases of a typhous character be excepted, it will

be found that it usually occurs under the influence of exposure to cold and dampness, during periods of depression following great excitement either of a mental or bodily nature. It cannot indeed be denied that there is a certain kind of constitution in which it seems to be more readily developed than in others, but it is very difficult to describe it. Schönlein says that it attacks principally young people of delicate skin and florid complexion, who have given themselves up to an intemperate course of living. Canstatt collected twenty-two fatal cases, in sixteen of which the constitutional strength of the patient was noted, and twelve of them are described as being remarkably healthy persons. (*Med. Clinik, Bd.* 3.) Dr. Gerhard says that "gangrene occurs in exhausted subjects, either affected with diseases calculated to weaken the powers of the system or enfeebled by a life of intemperance, but there are exceptions to this rule. (*Am. Journ.* Vol. xviii, p. 301.) It is probable that these statements which appear to be somewhat at variance with each other, (and more of the same kind might easily be cited,) result from the frequent want of correspondence between the apparent muscular strength and the constitutional power of resistance to disease. While the first remains but little impaired, the foundations of the latter may have been long secretly undermined; cases exemplifying this truth are of daily observation, especially in our large hospitals, both in the medical and surgical practice; it being no uncommon event, that men of large stature and powerful frame, but of intemperate habits, succumb rapidly under injuries or diseases, apparently of a trifling character. Gangrene occurs in such persons most readily, being at one time the consequence and at another the cause of phlebitis, or the index of a general or of a local deficient vitality.

Dr. Fischel makes the usual division of pulmonary gangrene into two kinds, viz., the circumscribed and the diffused. Although Cruveilhier (*Path. Anat.* t. i. liv. ii.) thinks that both varieties are equally common, we believe he is the only writer of any authority who expresses such an opinion. Lawrence out of sixty-eight cases met with diffused gangrene only six times, and Laennec only twice in twenty-four years. In the Report for the year 1848 of the Vienna Institute of Morbid Anatomy, by Dr. Lauthner, we find that 1069 post mortem examinations were made in the year, and of this large number there were only five cases of gangrene of the

lung, one only of which was of the diffused kind. In Dr. Fischel's eighty cases there were but four diffused. Dr. Fischel's results confirm also the general impression that the disease occurs preferably in the lower portion of the lung, and chiefly in that of the right side; except, indeed, where it is consecutive to tubercular disease, when it may occur, of course, in any part of the organ so affected.

We have not met with any description of the forming stage of pulmonary gangrene, drawn from actual inspection of the lung, with the exception of a case reported by Dr. Gerhard (loc. cit. Case VIII.) In this case, which was one of diffused gangrene, the death of the patient took place at a very early period in the disease; the texture of the lung was not broken down, although infiltrated with serum, diminished in consistence, and of a gangrenous odor. The later stages of the gangrenous process are well known and may be easily recognised, but, in the absence of any very positive knowledge of its mode of commencement, it is usual and convenient to ascribe it to inflammation. It is very certain, however, that not being an ordinary result of inflammation, it must depend upon something extrinsic to this process, but not essential to it. If inflammation does not really include (as it is sometimes made to do) every possible morbid process, it is far more simple to confine it within the limits of stasis and exudation, and to regard the phenomena of resorption or of organization of the effused fibrin, as processes of reparation, complementary to, but not parts of the inflammation. And, in like manner, gangrene cannot be esteemed a result of inflammation, unless, indeed, we are to receive the etymological meaning of the word as the proper one, and consider that the death of the tissue is due to a sort of combustion. Such would seem to be the opinion of those, who speak of gangrene as the result of excessive inflammation. There really exists no such thing as too violent inflammation in this sense; it is by its diffusion that it becomes excessive or dangerous, since it cannot, in the ascending scale, go beyond the limit of an effusion of a more or less plastic material. When the blood vessels have been relieved, by its discharge, the phenomena which follow, are those of repair, and this process is more or less complete, according to the tissue affected, and the constitutional strength of the individual. The sentiment cannot be too often repeated, paradoxical as it may seem, that

inflammation is, *essentially*, a conservative process, and that when, by interference with the functions of organs essential to life, it becomes lethal, it is so, either by its extent or by the feeble recuperative power of the patient. If grangrene supervene upon inflammation, it is therefore to be attributed, not to the violence of this, but to causes, which although difficult to appreciate, are known to act by impairing or destroying the constitutional power of resistance. The engorgement and hepatization which are found around the gangrened portion of the lung cannot be regarded as manifesting a prior stage of the process of mortification, but are rather an indication of an effort made by nature, to throw up a barrier against the extension of the disease, by which the dead tissue is circumscribed and the source of the contamination isolated from the rest of the organ. It is the same process, essentially, which is seen in gangrene of the extremities, the progress of which it is designed to limit; when it does not occur, it is plain that no reliance can be placed upon the recuperative powers of the system. We may seem to be begging the question if we assert that gangrene is never a result of pneumonia, but as the direct anatomical proof of the fact cannot be procured, it is fair to refer to this as a matter of general experience, that so common a disease as is pulmonary inflammation, equally rare is gangrene of the lung, and that if it be a consequence of violent pneumonia the fact is a very remarkable one that it should occur so seldom. Indeed, all authors who have given particular attention to this point, agree that it does never succeed to a frank pneumonia; which is certainly equivalent to an admission that if it depends at all upon inflammation it is assuredly not due to an excess of it. Dr. Hodgkin (*Lectures—Mucous Membrane*) says, that it "generally if not always, seems to require some peculiarity in the constitution of the individual, rather than merely to depend on intense inflammation;" also, "it sometimes affects small spots scattered through the substance of the lungs; which quickly lose their vitality, without the precurrence of the ordinary symptoms of inflammation of the lungs." Genest and Grisolle do not think that inflammation alone can produce it. The latter has never seen it follow a well characterized pneumonia. (*Trait prat de la Pneumonie*, p. 345.) Dr. Gerhard (*loc. cit.*) says, "In every instance in which the patients were seen in the early stages of the disease, I could distinguish

the humid rhonchi, indicating bronchitis, or at least the secretion of liquid into the bronchial tubes. There was in no instance, bronchial respiration, dull sound on percussion, or other unequivocal evidence of pneumonia—and in one case only was there even reason to suspect that pneumonia may have preceded gangrene." Laennec (*Dis. of Chest*, p. 207) says, that " it can scarcely be ranked among the terminations of pulmonary inflammation, and still less can it be considered as the consequence of its intensity." The opinion of some eminent pathologists, particularly of Carswell, Piorry, Cruveilhier, and Schrœdervan der Kolk, that the obliteration or obturation of the arteries of the lung, is the proximate cause of pulmonary gangrene, is hardly tenable, and that for reasons analogous to those we have offered above. This obturation, it is reasonable to suppose, is the consequence and not the cause of the death of the pulmonary structure, and depends possibly upon an inflammation of the minute pulmonary vessels, in consequence of the reception of the corrosive products of the gangrened portion of the lung, as well as upon the effusion of plastic lymph in the structure around them, by which they are compressed and their canals effaced. Dr. Fischel justly observes, that this inflamed state of the pulmonary vessels, has never been found as a primary affection. But however easy it may be to assign valid reasons against these views, it is by no means equally so, to say what is the proximate cause.

Dr. Fischel, indeed, in the spirit of the German "*Krasenlehre*," —or doctrine of crases,—feels satisfied with referring it to a hypinosis, or to a deficiency of fibrine in the blood; but this is not a sufficient explanation for one very plain reason, viz., that this condition of the blood exists in several other pathological states of the system, in which, nevertheless, no gangrene occurs, or is dreaded. The view advocated by Genest, and Dr. Law, of Dublin, that it is a consequence of pulmonary apoplexy, seems to have much in its favor; for it is not difficult to conceive, that the effused blood, if it remain in the lung, may become putrefied by the action of the air, and become the source of the disease in that part with which it is in immediate contact. We believe that gangrene may originate in this manner, but there are many cases which cannot be explained by it. Hæmorrhage from the lungs is not unfrequently one of the first signs observed, yet it is more common in the pro-

gress of the disease than at its beginning,—a result of its progress, not the force which sets it in motion. The opinion of Dr. Stokes, always of great value, and particularly so in relation to this disease is, that the accidental putrefaction of blood effused in the lungs, cannot be reckoned even as an ordinary cause of pulmonary gangrene." He has not seen any cases of the change from one of these diseases to the other; and is of the opinion that where a pulmonary clot does become putrid, "the change is in itself a proof of gangrenous disposition pre-existing."—*Dub. Jour.*, Feb., 1850.

While it is of practical importance that the idea of the dependancy of gangrene of the lung upon inflammation should be combated, and its relation to pulmonary apoplexy considered as exceptional, it is not necessary for a correct knowledge of its treatment that an acquaintance with the exact nature of the process should first be possessed. For, knowing that all those causes which depress the nervous energy and vitiate the blood, may take part in its production, and that it appears, at times, to originate in consequence of the deprivation of sufficient nutriment, a rational treatment can be founded thereupon. In Dr. Fischel's cases, this last cause played an important part, and a large and interesting portion of his paper is taken up with a narrative of the means by which he sought to remedy it. We do not propose to enumerate these, nor the remedies recommended by various writers, as we would thereby trespass too much upon the space allotted to us. We have desired to call attention merely in a general way, to the anatomical characters of this formidable disease, and would take the liberty of referring the reader, for a minute account of the same, to a translation of Rokitansky's description in Copland's Medical Dictionary. In order to understand the interesting process by which, in favorable cases, a cure is accomplished, we might bring together the results of the observations of Dr. Fischel, and the accurate clinical reports of Dr. Gerhard, before referred to. By such a comparison it will be seen how beneficial is the result of the inflammation surrounding the gangrened portion of the lungs; the extension of the disease being limited by an exudation of plastic lymph around the dead tissue. This exuded fibrin forms a wall of various thickness around the cavity left by the separation of the slough, and after the latter has been removed by expectoration, the

walls of the cavity, in course of time, gradually contract and approach each other, and sometimes finally unite, forming a dense cicatrix in the spot formerly occupied by the gangrenous eschar.

A Case of Cyanosis. By WILLIAM WATERS, M. D., Fredericktown, Maryland.

Mr. Wm. R. Y., of small stature and delicate frame, aged forty years, within seventeen days. According to the history given by his mother, Mr. Y. gave no evidence of morbus cœruleus until he was about six years of age; the seizure at this time was ascribed by her to an attack of measles, although the paroxysm came on after his recovery, and followed exercise in running about the yard. From that period until his death, he was subject to paroxysms on exercise, mental emotions, and occasionally after eating a full meal. The lividity affected his lips, face, hands and arms. When slight, the lips only would be affected, and the shade would vary from a partial blue tint almost to a black color of both lips and face. An intimate friend and schoolmate (Mr. V. E.) informed me, that at the age of ten years, he was in the habit of visiting his mother's about a mile from town. When he walked about half a square a paroxysm of dyspnœa, palpitation, and lividity would occur. To save time he would be obliged to carry him on his back to the country. He also states that four years ago he visited with him the same neighborhood, and they were four hours walking a mile and a half, so greatly did exercise affect his respiration. I have known Mr. Y. for the last twenty-five years, and believe, that with the exception of cyanosis, his general health has been pretty good; and although of feeble constitution and general muscular debility, he frequently acted in the capacity of a merchant. I often observed him in a squatting position or sitting upon his heels, with his body bent forwards, a position which gave him some relief in respiration. When perfectly quiet his remissions would extend to hours or days, but the slightest exertion at table would bring on a paroxysm. For the last two years I have observed more emaciation and debility. About six months ago he was taken with symptoms of hectic fever and night sweats, although he continued to go about until three months before death. About this time I was called in and found him laboring under congestion of the lungs,

with hectic, attended with dyspepsia and frequent colic; the latter almost invariably produced by taking the least solid food. There was no diarrhœa. About two months before dissolution he expectorated bloody sputa, which soon subsided under the usual remedies, though there still remained some dyspnœa and cough, with frequent lividity of his lips and face. His pulse was accelerated and irritated, generally regular, though sometimes intermittent; the night sweats were heavy whether preceded by fever or not; bowels generally costive, but readily acted upon by aperients or injections. His cough became much more aggravated two weeks before dissolution; tympanites also occurred, followed by slight œdema of the feet and ankles with ascites. The dyspnœa increased to orthopnœa, and sputa mixed with blood were discharged for four or five days before death, which eventually took place on the 19th of February, 1850.

Autopsy twelve hours after dissolution, assisted by Dr. J. Gregg Gibson, Mr. Wm. A. Waters, and P. Grove.

The emaciation of his frame was very great.

Thorax.—The pericardium contained some four or five ounces of serum. The heart rather smaller than ordinary, right auricle and ventricle much larger than the left. The right side of the heart very much distended with blood, particularly the right auricle and coronary veins, the latter were as much so as if filled with a wax injection; the right auricle was unusually large, and the walls twice as thick as usual; the foramen ovale was closed, but the fossa ovalis and annulus ovalis were located rather higher up than usual, or nearer the descending cava. The right auriculo-ventricular opening was larger than usual. The right ventricle was much larger and thicker than the left; it was nine lines thick, the columnæ carneæ were also thicker than in the left ventricle, with some fibrinous deposites in the meshes of the chordæ tendineæ. The *Aorta* arose from the *right ventricle* in common with the left ventricle, from the base of the interventricular septum. The aperture in the interventricular septum admitted the passage of the middle finger with great freedom; indeed the opening was three quarters to an inch in diameter between the ventricles. The sigmoid valves of the aorta were normal.

Pulmonary Artery.—Here was a most serious malformation. It arose from the right ventricle or interventricular septum, by a

small orifice only three or four lines in diameter; the mouth of the artery was encircled with a tendinous band, and that circular band was crossed at the mouth by *another band* just in the *rear* of the circular band, which lessened the diameter of the aperture or mouth of the P. artery about one and a half lines; the larger aperture being the mouth of the pulmonary artery, and the smaller aperture terminating in a small blind sac a few lines in diameter and length, ending in the muscular tissue of the heart. Beyond this contracted mouth of the P. artery the vessel enlarged to its full size, and contained two large semilunar valves in lieu of three. Some fatty deposite was found between the mouth of the pulmonary artery and the valves, and likewise in the blind sac.

The *left auricle* appeared normal in the interior, except that the auriculo-ventricular opening was smaller than natural, barely admitting the little finger.

The *left ventricle* was small and concentrically thickened, the wall about six lines thick, the columnæ carneæ of the mitral valve were smaller than those of the tricuspid.

The aorta arose from the upper and anterior end of the left ventricle in common with the right ventricle, and also anterior to the mitral valve. It looked more into the right than the left ventricle, as the semilunar valves could be more readily seen in the right than the left ventricular cavity.

The lungs were both adherent posteriorly to the plureæ costales, the lower portion of both were tuberculous, and the upper portions were deeply engorged, and in places hepatized. The bronchial glands were as large as hickory nuts, of a dark venous color. There was also a calcareous deposite at the bifurcation of the right bronchiæ.

Abdomen.—Evacuated two gallons of water from the peritoneal sac; surface of the intestines blanched.

Omentum absorbed entirely to the colon; the transverse and descending colon down to the rectum contracted to the size or diameter of the index finger.

Liver studded with tubercles superficially, interior healthy as to structure, but of darker color than usual, as if from venous congestion. Spleen likewise darker than normal. Right kidney healthy, the left engorged slightly in the cortical portion.

BIBLIOGRAPHICAL NOTICES.

A Practical Treatise on Inflammation of the Uterus and its appendages, and on ulceration and induration of the Neck of the Uterus. By JAMES HENRY BENNETT, M. D., Member of the Royal College of Physicians; Physician Accoucheur to the Western General Dispensary, &c. &c. Second American, from the second London edition. Philadelphia. Lea & Blanchard, 1850.

We have here presented to us a reprint of a volume already well known and well received by the profession on its previous issue; and though nominally a second edition, it is in reality a new work. In it is presented to the reader a complete history of inflammation in all the organs and tissues which constitute the uterine system, as elucidated by the application of physical investigation to the study of uterine diseases. The opportunities enjoyed by the author as house-physician to the Parisian hospitals St. Louis, Salpétriére, and Notre Dame de la Pitié, together with his connection with a large dispensary, have afforded him the means of accumulating experience that entitles him to be heard as an authority upon the subjects of which he treats. Dr. Bennett, however, is evidently a hobby rider; and although we doubt not he may have the discriminating tact and judgment that enable him to detect the existence of inflammation and to know when to apply his favorite remedy of cauterization aright, there is, to our minds, a danger that those into whose hands the work will fall, viz., the younger members of the profession, may not be equally fortunate, and hence ill effects may follow, as we know they have in one instance, from the incautious use of this agent. This, we conceive, to be the more likely to occur, from the circumstance that Dr. B. states in his preface, that he has endeavored to demonstrate "that inflammation is the keystone to uterine pathology, and that unless the phenomena which it occasions be recognised and taken into consideration, all is doubt, obscurity, and deception."

With this preliminary observation, by no means offered in disparagement of the able treatise before us, we proceed to lay before our readers an analysis of its contents.

The first two chapters are occupied with the consideration of some preliminary matters, and an excellent account of the anatomy and physiology of the uterus. Chapter III. is occupied in the consideration of acute metritis, in the non-puerperal state, and in the different form of acute, chronic and internal metritis. Chapter IV. treats of inflammation and abscess of the internal appendages in the puerperal and non-puerperal state. The next five chapters treat of inflammation and ulceration of the neck of the uterus in the virgin; during pregnancy; during and after abortion and parturition; in advanced life; and accompanying uterine polypi, and fibrous tumors of the uterus. Chapter XI. treats of inflammation of the vagina and vulva. Chapter XII. is on the connection between inflammation of the uterus, or its neck, and functional derangements and displacements of the uterus, leucorrhea, amenorrhea, dysmenorrhea, menorrhagia and uterine hemorrhage generally; sterility, abortion, prolapsus, anteversion, retroversion, retroflexion, chlorosis, hysteria.

In this chapter, a most valuable one by the way, a recapitulation of the facts presented to the reader in the preceding chapters is laid before him, thus presenting to him the real nature of those morbid states, in a large proportion of the cases in which they are observed.

Chapters XIII. and XIV. are devoted to the consideration of syphilitic ulceration of the neck of the uterus, and the diagnosis of cancer of this organ. Chapter XV. and last is occupied with the consideration of the treatment of the different forms of disease as enumerated in the preceding pages. In the treatment of simple inflammation of the neck of the uterus we are glad to have Dr. Bennett's testimony in favor of alum, which he declares to be the most efficacious of medicinal astringents next to nitrate of silver. It has always been a favorite with us, in the form of injection in the proportion of a drachm to a pint as recommended by Dr. B. The proper mode of administering vaginal injections is also insisted upon; viz., upon the back with the hips elevated. The mode in which such remedies are often employed either in the erect or sitting posture, is worse than useless.

We have said that the chief agent relied upon by Dr. Bennett in the treatment of these various inflammations was cauterization. It is not to be supposed, however, that this is his only treatment; the

various adjuvants resorted to by every rational practitioner, as leeches, hip baths, injections, &c., are all employed by him. It would be in vain for us, in a limited article like the present, to do justice to the excellencies of Dr. Bennett's work; enough has been said and shewn of its contents to prove our favorable opinion of the doctrines and practice inculcated, with the cautions that we have thought it necessary to present to the young practitioner in relation to the use of caustics.

To the work is added an Appendix, "On the physical examination of the Uterus and its appendages," in which full and explicit directions are given for its conduction; together with a synopsis of three hundred cases presenting uterine symptoms, treated at the Western Dispensary.

In relation to physical examination, either digital or specular, Dr. B. believes that the laudable sense of propriety which prevents our seeking such an exploration, is often carried much too far. In this we agree with him, taking it for granted that such an examination would not be hinted at where the attendant did did not conceive it to be absolutely necessary. It is this "laudable sense of propriety" that has been so sorely shocked by the recent efforts of a professor of obstetrics, in one of our schools, to teach demonstrative midwifery, and that has aroused such a storm of virtuous indignation against him. We confess we have been unable to discover wherein the enormity consists, and have not failed to uphold his course, believing, that conducted as we know his demonstrations were, such teaching cannot fail to prepare the student more completely for his responsible station, than any amount of didactic lectures. We commend to those who are disposed to view this matter in a different light, the manly and dignified defence of the proceeding as published under the editorial head of the March No. of the Buffalo Journal.

In concluding our notice of Dr. Bennett's work from which we have wandered a little, we desire to express our warm appreciation of its merits, and our sincere belief that it will not fail to be a most welcome guide to all who may be so fortunate as to secure it.

An Essay on the Opium Trade, including a Sketch of its History, Extent, Effects, etc., as carried on in India and China. By NATHAN ALLEN, M. D. Boston. John P. Jewett & Co. 1850. pp. 68.

The author of the above pamphlet has presented us with a fund of useful and interesting material that we truly wish we could place in the hands of all our readers. Want of space, however, compels us to be satisfied with merely culling from it some details that cannot fail to be attractive to the medical inquirer, at the same time that we commend the whole to them for careful perusal.

The extent to which the cultivation of the poppy and the trade in opium are carried on in India is almost incredible. In speaking of the cultivation of this plant, the author of this essay states that "it is estimated that more than 100,000 acres of the rich plains of central India, as well as the alluvial valley of the Ganges, are now occupied for this purpose. Formerly these same grounds were used for the production of sugar, indigo, corn and other grain, but these useful crops have yielded to the more profitable culture of the poppy." The greater part of the opium manufactured in India is consumed by the Chinese, not for medical purposes, but as a luxury. "The principal use made of opium by the Chinese is in the form of smoking, and one great object in the trade is to furnish an article adapted to their peculiar tastes. This depends somewhat upon the cultivation of the poppy, the quality of its seed, the goodness of the soil, the manner of collecting and converting its juice into a dry extract or balls convenient for transportation. The Chinese value any sample of opium in direct proportion to the quantity of hot drawn, watery extract obtainable from it, and to the purity and strength of that extract when dried and smoked through a pipe." To improve its flavor and increase its strength, the opium, after its arrival in China, is subjected to various processes. Old smokers will retain the smoke a long time in the lungs, allowing it finally to escape through the nose. As the drug is expensive, those who are poor study to use it so as to obtain the greatest effect possible from the smallest quantity.

It is supposed that between four and five millions of persons in China are addicted to the vice of opium smoking, and that on an

average each person consumes upwards of seventeen grains per day. The quantity consumed depends very much on the habits of the smoker; at first he cannot inhale more than from three to six grains at a time, but will go on gradually increasing the quantity, till in a few years his daily allowance will reach three hundred grains. It is calculated that the victims of this vice do not live on an average more than *ten years* after they have once fairly given way to the habit. According to this calculation, between four and five hundred thousand persons die annually in China from the deleterious effects of opium smoking. Well might the *native* remark: *It is not the man who eats opium, but it is opium that eats the man.*

"The practice of *eating* opium, as a luxury, has prevailed for more than a century in Persia and Turkey, but that of *smoking* it originated at a much later period, and has been confined mostly to China and its adjacent provinces. The effects of the latter practice, we believe, are far more pernicious than the former." A distinguished Chinese scholar in a memorial to the Emperor says: "Opium is a poisonous drug, brought from foreign countries, and, when the poison takes effect, the habit becomes fixed, and the sleeping smokers are like corpses—lean and haggard as demons." So strongly does the vice of opium-smoking fasten itself upon its victim, that having fairly contracted the habit at twenty, he may expect to die at the age of thirty years. It is very rarely the case that an habitual opium-smoker relinquishes the practice till his wretched career is ended by death.

Of the destructive effects of this drug upon an entire community, the island of Formosa, situated in the Chinese seas, and the province of Assam, lying on the eastern frontier of Bengal, afford most striking examples. Of the latter it is said, since the introduction of opium, "the women have fewer children compared with those of other countries, and the children seldom live to become old men, but in general die at early manhood; very few old men being seen in this unfortunate country, compared with others." In regard to the former the following remarks occur:—"The natives of this place were at first sprightly and active, and being good soldiers were always successful in battle, but the people called Hung-maou came thither, and having manufactured opium, seduced some of the natives into the habit of smoking it. From these the

mania for it rapidly spread throughout the whole nation, so that in process of time the natives became feeble and enervated, submitted to foreign rule, and were completely subjugated."

We are informed by our author that "more than 50,000 chests are now annually shipped to China, taking off in return thirty-five millions of dollars, a sum greater by half than is paid on the whole imports from all other countries. According to the most recent intelligence it is estimated that the sale will reach 50,000 chests the present year." During the year 1848–9, the clear profits of the British government in India amounted to $15,488,000! And what return does this immense outlay bring to China? Nothing but loss of health, waste of property, mental imbecility, moral degradation and loss of life, evils that cannot be comprised in dollars and cents: figures and language fail to portray their magnitude and extent. Talk of the horrors of the slave trade, bad as it is, it is mercy compared to this; the horrors of the opium trade beggar description, and are worse to its victim than any outward slavery. We wish that time and space allowed us to dwell upon this theme, but we are constrained to leave it with the expression of our thanks to the author as a poor return for the obligation under which he has placed us, a sentiment in which we feel sure all will join us who may be so fortunate as to obtain a like opportunity.

A Systematic Treatise, Historical, Etiological and Practical, on the Principal Diseases of the Interior Valley of North America, as they appear in the Caucasian, African, Indian, and Esquimaux Varieties of its Population. By DANIEL DRAKE, M. D. Cincinnati, Winthrop B. Smith & Co. Philadelphia, Grigg, Elliott & Co. New York, Mason & Law. 1850. pp. 878. 8vo. *With Hydrographical Map and Diagrams, and numerous Topographical Maps and Plans of Cities.*

How different from what it now is, and how greatly improved would be medical literature and the practice of medicine at the present day, if the precepts of Hippocrates had been carried out by his successors, after the example which that eminent philosopher and teacher himself gave, in his treatise "*On Airs, Waters, and*

Places."* Whoever, he says, wishes to investigate medicine properly, should in the first place consider the seasons of the year, and what effects each of them produces; then the prevalence and temperature of the winds, distinguishing those of perennial direction from those which are peculiar to each locality, and the qualities of the waters. In the same manner, when one comes into a city or district in which he is a stranger, he ought to consider its situation, its exposure to the winds and to the sun, the waters which the inhabitants use, the nature of the ground, whether naked and dry, or wooded and well watered, the situation, hollow and confined, or elevated and cold. Next the new comer is to inquire into the mode of living of the inhabitants, and their pursuits, as to whether they are fond of drinking and eating to excess, and given to indolence, or are fond of exercise and labor and not given to excess in eating and drinking.

Informed of these things, a physician "cannot miss knowing, when he comes into a strange city, either the diseases peculiar to the place, or the particular nature of common diseases, so that he will not be in doubt as to the treatment of the diseases, or commit mistakes, as is likely to be the case, provided one had not previously considered these matters. And in particular, as the season advances, he can tell what epidemic diseases will attack the city, either in summer or in winter, and what each individual will be in danger of experiencing from the change of regimen."

A physician, who has thus investigated the circumstances in which he is placed, "must succeed in the preservation of health, and be by no means unsuccessful in the practice of his art."

Just in proportion as the recommendations and example of Hippocrates, in this celebrated treatise, have been followed, has been the permanent reputation of medical writers. To the worthy followers of the Coan sage, we are proud to add the name of Drake, whose labors in the same field of observation will insure him enduring fame, as the faithful and observant historian of the climatic peculiarities, and the medical topography and diseases of so important a portion of the earth as the interior valley of North America, and of the regimen and pathological tendencies and diseases

* The Genuine Works of Hippocrates—Translated from the Greek—with a Preliminary Discourse and Annotations. By Francis Adams, LL. D. In two volumes. London. Published by the Sydenham Society.

of the different races by which it is inhabited. The physiological and hygienic comparisons instituted by Hippocrates between the people of Asia and Europe,—families of the same race,—are made on a scale of greater geographical extent, and on various races by the American writer, with greater precision and accuracy of detail, obtained by the aid of scientific investigations and appliances which were unknown to the great master of Greek medicine.

We cannot, in advance of any critical or even analytic view of Dr. Drake's treatise, give a better idea of our appreciation of its great and distinctive merits than in thus connecting it with the treatise of Hippocrates "on Airs, Waters, and Places."

Having once entered on the field of investigation which he had proposed to himself, Dr. Drake continued to prosecute his inquiries and observations for a term of years, with perseverance, and a sincere desire to arrive at a knowledge of the facts and without any preconceived theory or bias.

The volume before us consists of two Books, the first of which contains three parts; of these latter, the first has sixteen chapters, the second five, and the third four chapters. Book second includes eleven chapters.

Book first treats of *General Etiology*, which is discussed under the heads or parts of 1. *Topographical and Hydrographical Etiology; and* 2. *Climatic Etiology.* The second, which is the most attractive theme, cannot, however, be either studied or understood to any extent without the aid of the first; and the two jointly are of paramount value, we might say necessity, for a clear knowledge of the diseases described in a subsequent part of the work. It would be a grave mistake in the reader and injustice to the author, not to see a unity of plan and purpose in its numerous divisions. Many of these, which, at first sight, would seem to be matters of allowable philosophical curiosity merely, or at most collateral or even introductory, are, truly, an integral and indispensible part of the treatise; and they could not be detached from it without marring its proportions, if not actually destroying its characteristic and attractive features.

The common constituents of climate, in temperature, atmospheric pressure, and dryness and moisture, force and direction of the winds, and electricity, are greatly modified, independently of latitude and the succession of seasons, by the localities, whose

peculiarities are included under the head of *Topographical and Hydrographical Etiology.* This is first exhibited in a "*general analysis,*" and then in connection with successive portions of the "*southern hydrographical basin,*" which includes the Gulf of Mexico and the different towns and harbours and inlets from Vera Cruz to Mobile, and the *Delta of the Mississippi.* Thence, in one direction, we follow along the bottoms and bluffs of this river on to the Upper Mississippi, and, in another line, the regions "*West of the Gulf and of the Mississippi River.*" In fine, the entire regions on each side of the father of waters, up to the Ohio Basin and the countries north of this latter, are spread before us by the author, who has thus collected and concentrated an amount of medical hydrography and topography of the great valley of the Mississippi, hitherto either unknown, or to most of us unattainable.

Next we are taken over the "*Eastern* or *St. Lawrence Basin,*" including the regions of the lakes and of the river itself; and the first part is concluded by a sketch of the "*Hudson and Arctic Hydrographical Basins.*"

Part second is devoted to "*Climatic Etiology*" under its appropriate divisions. Part third furnishes us with "*Physiological and Social Etiology,*" especially of the Caucasian portion of the people of the Great Valley, in their physiological characteristics, diet and use of stimulating and narcotic substances; also in their clothing, lodging, bathing and habitations, and in their occupations, pursuits, exercise and recreations. The Hippocratic advice given at the beginning of this notice, has been fully followed out by Dr. Drake; and no physician can henceforward pretend to practice medicine in the great valley of North America, without having first possessed himself of the Systematic Treatise and studied carefully its contents, that so he may prepare himself for a suitable treatment of the diseases in his town or district, and for filling up from his own observation the great outlines furnished in this work.

Book second exhibits the application of all that preceded it to a review of the geographical and topographical, in fine, the climatic causes of Febrile Diseases; beginning with Autumnal Fever, being that which has the widest range, and attacks the greatest number of people. The divisions of this latter described by Dr. Drake, are first, Intermittent Fever, with its varieties of simple, inflammatory and malignant, and then Remittent Fever, considered as simple and malig-

nant. The last two chapters are given to a consideration of the "*Pathological Anatomy and Consequences of Autumnal Fever.*"

From the preceding outline our readers may acquire some idea of the abundance and variety of the topics examined in the present volume. Of their richness and intrinsic worth, they can only obtain accurate notions by reference to its pages. Even if more space were allotted to us than is possible within the assigned limits of this journal, we should still fail to do justice to the multiplied and painstaking researches, statistical and other tabular estimates, as of temperature, barometrical changes and seasons, interspersed with judicious summaries and apposite statements of the material facts, with which this volume abounds.

Adequate apology, if any be needed, for the want, on the part of the author, of more abundant literary reference and comparisons between the American and other climates, is given in the following passage of his Preface, in which he says:

"Long journeys of observation, repeated through a large part of several years, with elementary teaching in winter, have much abridged the time for bibliothecal research, and, perhaps, even diminished the taste for that mode of inquiry." After admitting that, notwithstanding his extensive explorations, large regions of country remain unvisited, he adds that, "as his personal examinations were carried through eighteen degrees of latitude and as many of longitude, he trusts that facts which may, in some degree, stand as representatives of the whole, *have* been collected; and, therefore, that no general conclusion will be found radically wrong."

While prosecuting his researches, the author "visited the larger part of the military and naval posts of the Interior Valley, both American and British, bearing a letter explanatory of his object from Major General Scott, and received, from each, such facilities as were practicable." We can readily understand the value of these visits, from the fact that at the American posts, for many years past, meteorological registers have been carefully kept, agreeably to rules and instructions laid down for the purpose when Mr. Calhoun was Secretary of War.

The engravings, for the illustration of medical topography, include those of the Bay of Pensacola, Mobile Bay and City, the Delta of the Mississippi, New Orleans, Transverse Section of the Trough of the Mississippi, Memphis, with a Section of the Trough

of the Mississippi, St. Louis, Louisville, Harroldsburg Springs, Pittsburg, Cincinnati, Mackinac, Buffalo, Island of Montreal and Quebec. Not only are there engravings of the cities just named, but, also, of the environs of each. Accompanying them are brief but lucid descriptions of the soil and of the geological formation of the adjacent region, either maritime or alluvial, together with their peculiar climatic features.

Not the least attractive subject, of those which come under a consideration of the influences of climate, is that of "Climatic Distribution of Plants and Animals," treated of in Chapter V. of Part Second.

We should like much to be able to present a summary, with illustrative extracts, of the Physiological and Social Etiology, contained in Part third of Dr. Drake's volume; but our limits forbid. The reader will find a pleasant notice of the different national origins of the people of the great valley and of the late and present emigrants from Europe, coming from no less than seven different countries; the first enumerated being the Irish, and the last the Poles. The oldest great family of all, that of the Jews, is also mentioned.

In the chapter on Physiological Characteristics, under the head of Intermarriage, our attention was arrested by the following paragraphs:

"1. Our frontiers, from Quebec, round by the Lakes and Hudson Bay, to the Gulf of Mexico, beyond the Rio del Norte, present a mixed race of whites and Indians; which is gradually lost, in the population residing immediately *within* that boundary. Thus Indian blood is, as it were, absorbed by the surface of the new nation. The readiest amalgamation with the people of that race, is by the northern French, and the southern Spanish Creoles; but the Anglo-American immigrants from the Atlantic States, and their descendants have, at all times, when war did not prevent it, shown a propensity of the same kind.

"2. Wherever there is a negro population, bond or free, the same coalescence is displayed; so that in all our towns, from Mobile to Montreal, and from Pittsburg to St. Louis, the streets are more or less thronged with mulattoes, quadroons, and other mixed breeds, all pressing upward, that is, ambitious of intermarriage with those whiter than themselves; and thus our Caucasian blood is constantly, though slowly, acquiring an African element. In the wil-

lingness for this commingling, the Spanish Creoles of Florida, Louisiana and Mexico, stand first; next come the French Creoles of the Lower Mississippi; then some of the classes of the modern emigrants from Great Britain, Ireland and Germany; lastly, the native Anglo-Americans."

Apposite remarks, respecting the changes being wrought on the inhabitants of the great valley, of which intermarriage is one, are made under the additional heads of changes of climate, of food, and of political, moral and social condition.

The section on statistical physiology communicates some precise returns respecting the stature, weight and strength of the different people who inhabit the valley. Towards the illustration of this subject the materials are as yet few.

Instructive matter is given in the chapter on the modes of living of the people of the great valley, including a consideration of the solid and liquid food and table drinks. The varieties of water are considered, both natural for drink, mineral for medicinal uses, and artificial for both purposes.

When speaking of alcoholic drinks, the author tells us that "the successful cultivation of the vine in different parts of the valley, above all in the country around Cincinnati, has originated the manufacture of wine—not from various ingredients—but from the unadulterated juice of the grape."

"Bar Room Drinking.—While family and hospitable drinking have thus declined, bar room drinking, in many parts of the valley, has held its own."

Large quantities of beer "are drunk in the beer houses with which all our towns and cities abound. It is the cherished beverage of our German and English immigrant population. Cider, formerly manufactured and consumed in large quantities by the people of the State of Ohio, is now in less general use.

Dr. Drake discusses the question of the "Necessity and Effects of Alcoholic Drinks." He shows from *a priori* reasoning and from the evidence of facts on a large scale, that there exists no such necessity as that claimed for their use by some physiological writers. He admits that there is a desire for stimulants as well as a desire for food implanted in the physical system of man. These are common salt, an element of the blood, not less than a stimulus; the various aromatic and acrid substances, which man has sought out

and instinctively mingled with his food and drinks, under the name of condiments; and, lastly, tea and coffee. These are all the physical stimulants which his system demands for its full perfection—all that are necessary to satisfy his desires, when kept unperverted. Adapted by infinite wisdom, to man's wants, not less than to his instincts and appetites, he seldom uses them to excess; and when he does, their injurious effects bear no assignable proportion to those of the artificial substitutes, which his ingenuity has manufactured out of sugar, now known to be the only source of alcohol." In these conclusions we heartily concur.

Tobacco is largely used in the great valley, as, unfortunately, it is everywhere else. The author thinks that "nothing in the present state of society justifies the expectation that tobacco will go out of use."

When speaking of "Clothing," the author tells us that the male population of the Valley are generally well clothed, as far as relates to protection from cold. The same cannot be said of the dress of the females, in which cotton and silk too often exclude woollen textures. An improvement, however, is going on in this respect, especially in the more general use of muslin or flannel drawers. Proper strictures are made on the dress of the children, in their being often inadequately clothed—not from deficiency of means on the part of their parents, but to meet the requirements of absurd fashions. Specification is made of the pernicious fashion of exposing the arms and upper parts of the chest during youth.

Bathing, we regret to learn, is far from being general in any part of the Valley. "Our large cities, from New Orleans and Mobile to Pittsburg and Montreal, ought to have public cistern-baths, for the gratuitous accommodation of the poorer laboring classes, so many of whom, when sick, are supported at the public expense in our almshouses and hospitals." It would be easy, as Dr. Bell has shown in his late work on Baths and the Watery Regimen, &c., to procure warm baths on a large scale, at a low cost, wherever steam power is used.

Judicious remarks follow on Lodgings, Habitations and Shade Trees; and, in successive chapters, on Agricultural Labor, Commercial Pursuits, Mining and Smelting, Salt Making, Mechanical and Chemical Arts and Manufactures, in reference to the health and tendency to disease of those engaged in them.

Under the head of Exercises, Recreation and Amusement, Dr. Drake lays merited stress on the necessity of a portion of time being allotted to these purposes, in the interests of a healthful state of both body and mind. He regrets that the utility of systematic exercise is so little appreciated in the Great Valley, and he shows its importance on physiological grounds. On the subject of Dancing, the author asserts, too truly, that, "As a mode of exercise in childhood and youth, it is insufficient; and as a method of amusement in after years, it is neglected by those who, physiologically speaking, most require it."

At the conclusion of Book first, the author indulges in some remarks on the probable future, as regards the physiological traits, and the diseases of the people who shall then inhabit the Great Valley.

"The physicians of a future day will see, what we cannot now, a prevailing temperament, a stature, form, complexion and physiognomy, characteristic of an indigenous, but greatly compounded race; with its own physical, intellectual and moral constitution; its special liabilities and exemptions from disease; its national idiosyncrasies, and the required peculiarities of hygienic regimen and therapeutic treatment. In the course of this development, what hereditary diatheses may disappear, and what new ones take their places; what new maladies may arise, or old ones cease or become greatly modified, under the joint influence of mingled blood, of climate, water, occupations, modes of living, customs, and moral, social and political influences, cannot be specified; but a few predictions may be hazarded:

"1. Autumnal fever will decrease, and typhus and typhoid fevers become more prevalent.

"2. Gout will occur oftener than at present.

"3. The diseases produced by the intemperate use of ardent spirits will diminish.

"4. Consumption and scrofula will increase.

"5. Apoplexy, palsy and epilepsy will become more frequent.

"6. Diseases of the liver will become less, and those of the mucous membrane of the bowels more prevalent.

"7. Lastly, mental alienation will be more frequent."

Book Second will be devoted, as we learn at p. 702, "to febrile diseases, under the five following heads: *First*, AUTUMNAL FEVER—*second*, YELLOW FEVER—*third*, TYPHOUS FEVERS—*fourth*, ERUPTIVE FEVERS—*fifth*, PHLOGISTIC FEVERS, or the PHLEGMASIÆ."

The first part of the second Book on Autumnal Fever, with its

varieties already designated, is contained in the present ample volume. The article on Yellow Fever, will, as the author informs us in his Preface, make the first part of the second volume, "the materials for which have been chiefly collected, and considerable portions of it written, so that the author hopes it may be committed to press in about a year"—from December, 1849.

We cannot pretend to review the part on Autumnal Fever; but we are safe in recommending it for the ample views which it presents of the etiology and special pathology of the varieties and complications of periodical fever,—although on some points we might express our dissent from the opinions of the author, as, for instance, on the subject of Malaria.

We close reluctantly our notice of this valuable work, of which not only the people of the Great Valley, but also of the United States, may be justly proud, as an enduring contribution, of the highest order, to our national medical literature. Its estimable author may send it to Europe as a rich equivalent for medical productions obtained from that quarter and largely current among us.

A word to our readers. The volume now issued, although but a part of the great work, is so full and complete in its divisions, and these have such connection and co-ordination one with another, that it may be read and studied as an entire production, susceptible of connection with that which is to come, but not dependent on it for harmonious proportions and general fitness and adaptation.

THE MEDICAL EXAMINER.

PHILADELPHIA, JUNE, 1850.

AMERICAN MEDICAL ASSOCIATION.

The following resolution, appended to the Report of the *Committee on Medical Literature*, was adopted by the Association at the meeting at Cincinnati in May last.

Resolved, That the sum of ONE HUNDRED DOLLARS, raised by voluntary contribution, be offered by this Association for the best *experimental* essay on a subject connected either with PHYSIOLOGY, or MEDICAL CHEMISTRY, and

that a committee of seven be appointed to carry out the objects of this resolution: Said committee to receive the competing memoirs until the first day of March 1851; the authors' names to be concealed from the committee; and the name of the successful competitor alone to be announced after the publication of the decision.

Dr. FRANCIS G. SMITH, Philada., Chairman.

Dr. ALFRED STILLÉ, Philada. Dr. JAMES MOULTRIE, Charleston, S. C.
" FRANKLIN BACHE " " ROBERT BRIDGES, Philada.
" L. P. YANDELL, Louisville, Ky. " WASHINGTON L. ATLEE, Philada.

In accordance with the above resolution, the Chairman gives notice that the sum of *one hundred dollars* is secured, and will be paid over to the successful competitor, or, if preferred, a gold medal of equal value bearing a suitable inscription.

The competing memoirs must be transmitted to the Chairman, free of expense, and should be designated by some appropriate motto; the author's name accompanying it in a sealed packet, designated in like manner. The successful essay will become the property of the Association, and in case no paper of sufficient merit is offered, the time will be extended for another year.

After the decision of the committee, the sealed packet containing the author's name will be opened in the presence of the ASSOCIATION.

Medical Journals throughout the country are requested to give publicity to the above Notice and to aid in furthering the wishes of the Association in this respect.

FRANCIS G. SMITH, M. D., Philada., *Chairman.*

ASSIMILATED RANK IN THE NAVY.

At the annual meeting of the Medical Society of New Jersey, held at New Brunswick, May 14th, 1850, the following Preamble and Resolutions were adopted, viz:—

Whereas, it is a manifest duty, that organized medical bodies should exercise a proper influence for the protection of the rights of such regular members of the Profession as are necessarily detached from the great body of their brethren; and, whereas, many of the Medical Officers included in the military organizations of the country, are placed in this condition; and whereas, we have heard with regret, that there is a disposition on the part of a portion of the naval service, to deprive medical men connected with that Department, of the benefits arising from an assimilated rank, conferred by a general order of a late Secretary of the navy. Therefore be it

Resolved, That the "New Jersey State Medical Society" regards with much pleasure the successful efforts of the "Navy Boards," in raising the standard of Literary and Medical knowledge, for an admission to their ranks.

Resolved, That this Society is also much pleased to learn, that in their system of examinations *the Diplomas* of the schools (which are now but too easily obtained) are wholly disregarded; and that the moral character of the candidate, and his scientific and professional attainments, are his only passports to the medical corps of the navy.

Resolved, That this Society cannot look with indifference on any attempt to depress or degrade a whole class of public officers, belonging

to a liberal profession, and so indispensable in the proper organization of the navy of their country.

Resolved, That as a well defined "Assimilated Rank," has been assigned to Medical officers of the Army, by an act of Congress, dated Feb. 11th, 1847, this Society cannot believe, that an invidious distinction will be made, between the *Medical Departments* of the Public service; but, that the National Legislature will protect the Surgeons and assistant Surgeons in their just claims to a *Nominal Rank*, or a *social* position, as respectable among the other grades of the Navy, as the *Medical Staff* of the Army now enjoy *by law*, in relation to their *brethren of the Line*, in that service.

Resolved, That a copy of these resolutions be forwarded to the Secretary of the Navy, through the Chief of the Medical Department; and also that a copy be forwarded to the chairman of the Naval Committee, in each house of Congress.

W. PIERSON, M. D., Rec. Sec. of Med. Soc. N. Jersey.

New Brunswick, N. J., May 14th, 1850.

PROCEEDINGS OF THE AMERICAN MEDICAL ASSOCIATION,

At the Third Annual Meeting, held at Cincinnati, May, 1850.

The Association met in the "College Hall," May 7th, at 10½, A. M.

The President, Dr. WARREN, in the Chair.

Dr. STRADER, on behalf of the Committee of Arrangements, read a list of the delegates who had registered their names. About three hundred delegates were present.

The President delivered an Address.

On motion of Dr. WATSON, of N. Y., the Constitution was read.

The rules being suspended, Dr. WATSON moved that Drs. DRAKE, RIVES, LAWSON, DODGE, STRADER and RICHARDS, members of the Committee of Arrangements appointed in 1849, but not belonging to the Association, be elected permanent members.

On motion of Dr. STILLÉ, the name of Dr. C. C. CALDWELL, of Louisville, was added to the number, and the whole elected by an unanimous vote.

An invitation was presented from the "Mercantile Library," offering to the Association the use of its reading room, for which, and for all similar invitations, the thanks of the Association were, on motion of Dr. PHELPS, directed to be tendered.

On motion of Dr. PHELPS, it was *Resolved*, That the Afternoon Session of the day commence at 4, P. M.

The names of delegates first recorded on the list of the several States were then read, on motion of Dr. WATSON, and the gentlemen requested to call their colleagues together, for the purpose of constituting a Nominating Committee.

Adjourned.

Afternoon Session.

The PRESIDENT in the Chair.

The Committee of Arrangements reported the names of persons recommended by various delegates as members by invitation.

Dr. WHITE, of N. Y., moved that the subject be referred to a Special Committee of Five, who should report, at the Morning Session, the names of all

who ought to be elected by the Association; which was agreed to, and the following committee appointed:

Drs. WARE, of Mass., JOHNSON, of Miss., DOWLER, of La., PARRISH, of Pa., FLINT, of N. Y.

The Committee of Arrangements presented an invitation to the Association from the Western Art Union to visit their rooms.

The names of delegates arrived since the morning report were read by the Committee.

The Secretary read a letter, addressed by the Secretary of the Smithsonian Institute to the President of the Association, relative to the registration of diseases, &c., throughout the United States, and offering, in behalf of the Smithsonian Institute, a room in its building as a place of meeting for the Association.

On motion of Dr. PHELPS, of N. Y., that portion of the letter having reference to the Annual Meeting, was referred to the Nominating Committee.

On motion of Dr. KNIGHT, of Conn., that part bearing upon registration was referred to the Committee on Hygiene.

The Secretary asked and obtained leave to present the Reports of the Publishing Committee and of the Treasurer.

They were accepted, and referred to the Committee on Publication, and the Resolutions appended to the Report of the Committee on Publication were adopted, as follows:

Resolved, That the assessment for the present year be *three dollars*.

Resolved, That those delegates who pay the assessment shall be entitled to one copy of the Transactions of the present year; and that the payment of two dollars, in addition, shall entitle them to two additional copies.

Resolved, That permanent members shall be entitled to one copy of the Transactions of the present year, on the payment of two dollars, and three copies on the payment of five dollars.

Resolved, That Societies which are represented at this meeting shall be entitled to copies for their members on the same terms that such copies are furnished to permanent members.

Resolved, That permanent members, unless present at the meeting as delegates, shall not be subject to any assessment.

Resolved, That any delegate who is in arrears for his annual assessment shall not be considered as a permanent member.

Resolved, That the several committees be requested to bring their reports correctly and legibly transcribed; and that they be required to hand them to the Secretaries as soon as they have been read.

On motion of Dr. MARTIN, of Indiana, the Committee of Arrangements were requested to procure another room for the meetings of the Association.

On motion of Dr. PARRISH, of Pa., the Report of the Committee on Medical Education was made the order of the day for the next morning.

The Secretary presented and read a part of the Report on Hygiene.

Dr. PHELPS moved the reference of the Report to the Committee on Publication.

Dr. LAWSON, of Ohio, moved that it be laid on the table, for the further consideration of the meeting.

The amendment was negatived, and Dr. PHELPS' motion was then adopted.

A communication from Dr. FENNER, of La., was received, accompanied by a portion of a work, now in the course of publication, upon the Meteorology, Medical Topography, and Diseases of the Southern States, and asking the co-operation of the Association.

The subject was laid upon the table, in consequence of the entrance of the

Nominating Committee, prepared to report the names of the officers of the Association.

The Committee, consisting of one from each State, reported the following as Officers of the Association:

President.—R. D. MUSSEY, M. D., Ohio.

Vice Presidents.—J. B. JOHNSON, Missouri, A. LOPEZ, Alabama, DANIEL BRAINARD, Illinois, G. W. NORRIS, Pennsylvania.

Secretaries.—ALFRED STILLÉ, Pennsylvania, H. W. DE SAUSSURE, South Carolina.

Treasurer.—ISAAC HAYS, Pennsylvania.

The Report was accepted, and Dr. SMITH, of N. J., moved that the officers thus nominated be the Officers of the Association for the ensuing year.

After some discussion by Drs. STORER, of Mass., YANDELL, of Ky., MCNALLY, of Ohio, WHITE and WATSON, of N. Y.,

Dr. HOLT moved the previous question, which was sustained, and

Dr. SMITH's resolution was adopted.

On motion of Dr. ROBERTS, of Md., the Association then adjourned until 9, A. M., May 8.

May 8th. Morning Session.

Dr. WARREN in the Chair.

The minutes of the previous meeting were read and approved.

The Committee of Arrangements reported the names of delegates arrived since the previous report.

The following resolutions, offered by Dr. BOWDITCH, of Mass., were then unanimously adopted.

Resolved, That the American Medical Association has learned with deep regret of the death of Prof. HARRISON, their late Vice President, and they hereby wish to express their high sense of the virtues, talents, and professional merit of their distinguished associate.

Resolved, That in dying, as he did, while engaged in ministering to the wants, and relieving the sufferings of his fellow citizens, this Association recognise in him a noble example of professional self-sacrifice.

Resolved, That the warmest sympathies of this Association are hereby most respectfully tendered to the family of their honored and deceased associate.

On motion of Dr. STILLÉ, it was

Resolved, That a properly authenticated copy of the resolutions be transmitted to the family of Dr. HARRISON.

Dr. BLACKBURN, of Ky., moved that a committee of three be appointed by the Chair to introduce the newly elected officers, and to conduct the President elect to the Chair.

The Chair appointed Drs. KNIGHT, of Conn., CORBIN, of Va., and BLACKBURN, of Ky.

The President elect having been introduced by the Committee, was presented to the Association by the President. Dr. MUSSEY then returned his thanks to the Association for the honor conferred upon him.

On motion of Dr. CORBIN, of Va., the late President and Vice Presidents were invited to take their seats upon the platform.

The following resolution, introduced by Dr. KERFOOT, of Pa., was unanimously adopted:

Resolved, That the thanks of the Association be tendered to the late

officers, for their very gentlemanly, courteous, and efficient manner of conducting the business of the Association.

Dr. STILLÉ moved a suspension of the rules, for the purpose of hearing the Report of the Committee on members by invitation.

Dr. WARE, chairman of the committee, made a report, concluding with the following resolutions:

Resolved, That all those gentlemen who have been nominated to the Association be admitted as members by invitation.

Resolved, That, at the next meeting of the Association, a committee shall be appointed, at an early period of the session, to whom shall be presented all nominations of members by invitation, who shall report such of them for admission as shall appear, according to a liberal interpretation of the Constitution, to have a claim to this privilege.

Dr. WHITE, of N. Y., moved the adoption of the resolutions; but on motion of Dr. RIVES, of Ohio, the resolutions were considered separately, and the first was adopted. The second, after much discussion, was, on motion of Dr. PALMER, of Michigan, indefinitely postponed.

Dr. HOOKER, of Conn., offered the following:

Resolved, That the section in the Constitution relating to members by invitation be repealed.

This lies over, according to rule, until the next meeting of the Association.

Dr. EVANS, of Ky., also offered a resolution of the same purport.

The President announced the Report of the Committee on Education as the order of business of the day.

Dr. WATSON asked a suspension of the rules, for the purpose of bringing before the Association the communication of Dr. FENNER, of N. O., which was refused.

DR. BLATCHFORD, of N. Y., presented the report of the Committee on Education, which he requested might be read by the Secretary, as the chairman of the Committee was absent. The Secretary read the report.

[This report is the production of the Chairman, DR. JOSEPH ROBY, Professor in the University of Maryland, and was not signed by either of his colleagues.

It refers in the first place to the previous discussions which have been entertained by the Association on this important question, and considers that they embrace a "somewhat intricate intermingling of facts and opinions." The facts include a statistical history of the number of schools, professors, students, and graduates, the means of instruction furnished, requirements for the degree, &c.

The opinions assert, in general terms, that the whole system of medical education in this country is defective and incomplete, from the fact that the schools are too numerous, their instructors too few, the time devoted to study too short, and the bestowal of honors too profuse, thus leading to a depreciation of the profession, and of the schools.

The report defines the position of the Association to be one of forbearance and conciliation towards the schools, its recommendations being advisory, and not binding; while it claims for the schools a general disposition to acquiesce in those recommendations, and to aid the association in its efforts to improve and advance the cause of sound medical learning.

The grounds upon which this latter conclusion is based, do not, however, appear to be clearly shown in the sequel.

In regard to the recommendations of the Association upon the subject of preliminary education, so far as these relate to the schools, the report states, "the

Association has attempted to obviate this difficulty, (viz., a want of suitable preliminary education,) by urging upon the schools certain recommendations, which as yet have not been fully complied with. Neither of the parties most interested seem willing to meet the responsibility. The student dislikes to have his self-complacency offended, the practitioner fears to hazard the good will of the student, and the school is too anxious lest the portal of some active rival may be found easier of access than its own. Hence, with the defect generally acknowledged and deplored, it does not appear that much has been done towards applying any efficient remedy."

In regard to increasing the number of instructors, and the period of instruction, another recommendation of the Association, the language of the report is equally discouraging.

"We do not learn," says the chairman of the committee, "that there has been a general adoption of either of these recommendations."

In reference to the extension of the lecture term, the writer of the report appears to be in doubt as to whether the object of this recommendation was to increase the number of lectures, or to extend the time in which the same amount of instruction should be communicated.

In confirmation of the latter being the correct view, it is stated, that "in the institution selected by the committee of 1849, as nearest the European model, in which the lecture term is one of six months, the aggregate amount of instruction, as reported, is really less than in another school, whose course continues but four and a half months."

This strikes us as a remarkable statement, and we are at a loss to perceive how the quantity of instruction can be so accurately measured and timed.

In regard to another recommendation of the Association, viz., that a more rigid test should be adopted by the schools, for admission into the profession, the report is still less satisfactory.

The writer contends that in this country, admission into all the liberal professions must be comparatively easy. "The nature of all our institutions supposes this. They must conciliate the public good will, upon which they are dependent for their existence and patronage, by a liberal exercise of their powers and privileges."

"This is especially the case with new institutions in new States. It may be deemed doubtful, therefore, whether any uniform plan of medical education can be adhered to, throughout the Union. The Northern and Middle States, having a dense and wealthy population accustomed to educational institutions, and able as well as willing to sustain them, are in a very different condition from that of the newer communities of the West and South West."

The reporter farther denies the authority of any central power to enforce a uniform system of laws regulating matters pertaining to education, and believes that any attempt to adjust such a system would excite suspicion and oppposition. "Indeed," says the report, "it is perfectly notorious, that the only institution in the country that approaches the best foreign schools in thoroughness of scientific and practical instruction, has, at times, barely survived the attacks of political jealousy."

It is to be regretted that the committee have not named the institution here referred to, as we apprehend that the allusion was not understood by the great body

of those who listened to the report, and we now confess our entire ignorance of it. The chairman declines a more elaborate examination of the subject committed, from an apprehension of multiplying issues between the profession and the schools, and proposes that the Association await the action of the schools upon the recommendations which it has issued.

The report closes with a brief remark upon a resolution submitted to the consideration of the committee on the propriety of encouraging schools of Pharmacy, for the purpose of preparing persons for the business of Apothecaries. Upon this point the Chairman manifests a surprising ignorance of the present state of Pharmaceutical knowledge. He states that although schools of Pharmacy exist in most of the Atlantic cities, "none of them seem to be in active operation." A little inquiry would have satisfied him, that, in regard to Philadelphia at least, this statement is entirely erroneous. A flourishing College of Pharmacy has been in active operation in Philadelphia for twenty years past, and has exercised a remarkable influence upon the pursuit of this branch of business.

Among the active members of this institution are many apothecaries, possessing a thorough scientific and practical knowledge of Pharmacy, and occupying a high moral and professional position.

They hold regular meetings, are governed by an excellent code of Ethics, and were among the prime movers in the late proceedings which led to the adoption of laws for preventing the importation of spurious drugs. At the recent convention for revising the U. S. Pharmacopœia, their delegates were received on an equal footing with those coming from Medical Colleges; and were among the leading members of that scientific body. An excellent system of instruction in Materia Medica, Chemistry and practical Pharmacy, with the power of granting degrees in Pharmacy, is attached to this flourishing institution.

A Journal, occupying a high rank, both for its literary and scientific merits, is regularly published under the sanction of this College, and its proceedings are thus fully made known.

With these facts so readily accessible, we can see no excuse for the broad assertion made by the Chairman of this Committee, that none of the schools of Pharmacy are in active operation, and we trust that this report will not appear on the proceedings of the Association until this part of it is corrected.

We have endeavored to lay before our readers, thus early, a faithful sketch of this report, from the great and general interest which the questions of which it treats has excited throughout the medical community. That the report fails to sustain the previous views and policy of the Association upon the subject of medical education, we think will be generally admitted. This sentiment seemed to pervade the minds of those who listened to its reading at Cincinnati, and the two members of the Committee, Dr. Blatchford, of Troy, N. Y., and Dr. Roberts of Baltimore, who were present at the meeting, declined signing it. The former gentleman presented his views in a series of resolutions, re-affirming the previous recommendations of the Association, and urging upon Medical Colleges and upon the profession to forward and sustain them.]

Dr. Blatchford offered the following resolutions, prefacing them with the remarks that although a member of the Committee, he had not seen the report, until late on the preceding evening, and that he dissented altogether from the opinions it expressed.

Whereas, This Association has learned through its several committees, appointed from year to year to examine into the state of medical education in our country, that many of the medical colleges invested by law with the power of granting degrees, still continue a system of instruction which we cannot but regard as defective both in the time allotted to the delivery of lectures, in the attention paid to practical anatomy, in the facilities afforded for clinical instruction, and in the low standard of the requirements for a degree, therefore,

Resolved, That this Association reiterates its former recommendations upon these points, and would urge upon the medical colleges to continue their efforts to elevate the standard of medical education, by adopting such changes in their courses of instruction as shall satisfy the just and reasonable desires of the profession.

Resolved, That the thanks of the American Medical Association are due to the Faculties of the *University of Pennsylvania*, and of the *College of Physicians and Surgeons of New York*, and all other institutions which may have conformed to our recommendations, for their prompt response to the recommendations of the Association for the improvement of Medical Education.

[Upon these resolutions an animated debate ensued, occupying the chief part of two sessions, which was participated in by Drs. Parrish, Morris, and Stillé, of Philadelphia; Yandell and Blackburn, of Louisville, Ky.; Blatchford and Watson, of New York; Davis, of Chicago; Storer, of Boston, and Professor Gilman, of the College of Physicians and Surgeons of New York, and several other speakers, in favor of the resolutions; and by Professors Annan and Miller, of the Louisville Medical School; Mitchell of the Jefferson College of Philadelphia, and several other gentlemen, in opposition.

In the course of the discussion, among several amendments introduced, was the substitute proposed by Dr. L. M. Lawson, of Cincinnati, Professor in the Medical College of Ohio.—(*Vide Minutes.*)

Much time having been spent on these several propositions, without coming to a direct vote, it was finally agreed to refer them to the Committee on Medical Education for next year. Subsequently a resolution offered by Dr. Morris as a substitute for the whole, was passed in committee, and, when reported to the Association, adopted. This resolution simply affirms anew the recommendations which had been made at previous meetings of the Association.

During this interesting debate it was evident that the feeling pervading the assembly was one of decided determination, to exert the power of the Association for the reformation of existing defects and abuses in Medical Colleges; while the facts developed in the remarks of the different speakers, tended to confirm the views of those who feel the necessity for such interference. It was forcibly argued, that although the American Medical Association could exercise no legal control over Medical Colleges, and could not prevent them from granting the degree, even to unworthy candidates, yet that it possessed within itself a moral force, amply sufficient to enforce its recommendations. The representatives of the medical profession uniting together from every section of the Union, must exert a powerful influence upon all questions affecting their common interests. The decisions of such a body will have the force of law, and however they may be opposed by private interests, or local prejudices, they will ultimately prevail.

We believe that the meeting at Cincinnati confirmed this sentiment, and

although no new action was taken on the question of medical education, owing perhaps to the variety of topics with which it became complicated; yet the general feeling of those present was favorable to a progressive movement, on the part of the great body of the physicians of the U. S., tending to elevate and improve the means of instruction in medical science, and to discountenance all superficial and unworthy methods of admitting young men into the profession.]

Dr. ROBERTS of Md., also a member of the committee, had never seen the report until the preceding evening, and did not entirely approve of it.

Dr. STILLÉ wished to correct a statement made in the Report, "That none of the Colleges of Pharmacy in the Atlantic cities seem to be in active operation." Dr. STILLÉ called attention to the fact that the Colleges of Pharmacy of New York and Philadelphia were in active operation, and had shown their activity, amongst other ways, by taking an efficient part in procuring the passage of the law to prevent the importation of spurious and adulterated drugs. Dr. ISAAC WOOD, of N. Y., also desired to say that the College of Pharmacy of New York was in active and efficient operation.

Dr. PARRISH, of Pa., expressed himself at length in opposition to the doctrine of the Report, but moved that it should take the usual course, and be referred to the Committee on Publication.

Dr. ANNAN, of Ky., moved to amend by referring the Report and the Resolutions of Dr. BLATCHFORD to a Select Committee, of which Dr. PARRISH should be Chairman.

After much discussion, Dr. STILLÉ offered the following as an amendment, which was adopted:

Resolved, That the Report of the Chairman of the Committee on Medical Education be re-committed for correction as to matters of fact, and then handed to the Committee of Publication.

Resolved, That the resolutions of Dr. BLATCHFORD be made the special order for the meeting of this afternoon.

On motion of Dr. KNIGHT, of Ct., it was

Resolved, That the Committee appointed to nominate the Officers of the Association be continued, and that they be directed to nominate the several Standing Committees of the Association for the ensuing year, and also to designate the place of the next meeting of the Association.

Dr. REYBURN, of Mo., on behalf of the Medical Society of the State of Missouri, tendered an invitation from said Society to the National Medical Association to meet in St. Louis after the next annual meeting.

The Chairman of the Committee of Arrangements informed the Association that they were unable to obtain the permanent use of the only other Hall suitable for its meetings. On motion of Dr. ROBERTS, of Md., the Association continued to meet in the present Hall.

Adjourned to 3½ P. M.

Afternoon Session.

Dr. JOHNSON, Vice President, in the Chair

The discussion of Dr. BLATCHFORD's resolutions was resumed, and Dr. MILLER, of Ky., moved to amend the first by inserting after the word "efforts,"—"and the lay members of the profession who take office students to begin their efforts," which was accepted by Dr. BLATCHFORD.

Before coming to a vote, the Association adjourned to 9 A. M., of Thursday.

May 9th.—Morning Session.

Dr. JOHNSON, Vice President, in the Chair.

The minutes of the previous meeting were read and approved.

The Chairman of the Committee of Arrangements offered the following:

Resolved, That no member shall speak at one time longer than fifteen minutes, nor on any motion more than twice, without permission of the Association, which was adopted, after having been amended by changing the word "fifteen" to "ten."

The Secretary read a letter from the Dean of Cleveland Medical College, regretting the inability of their delegates to attend the meeting of the Association.

Letters of invitation were received from the Steward of the *Commercial Hospital of Ohio*, and Prof. C. M. MITCHELL, of the Observatory, to the members of the Association, to visit their respective institutions. On motion of Dr. EVE, of Ga., it was *Resolved*, That 2½ o'clock, P. M., be the hour at which the Association will attend at the Observatory; and on motion of Dr. MCPHEETERS, That in order to give the members time to visit the Observatory, when the Association adjourns, it does not meet until 4 P. M.

The PRESIDENT announced the resolutions of Dr. BLATCHFORD, amended by Dr. MILLER, of Ky., as the first business in order.

Dr. EVE, of Ga., moved that the resolutions be indefinitely postponed, which was not adopted.

After much discussion, the previous question was moved by Dr. EDWARDS, and carried.

A motion for a reconsideration having been made, was carried. and the resolutions being again open for discussion, it was moved by Dr. J. R. WOOD, of N. Y., that the Association go into Committee of the Whole, with Dr. KNIGHT, of Ct., in the Chair. This resolution being adopted, Dr. KNIGHT took the chair.

When the Committee rose to report, on motion of Dr. LOPEZ, the rules were suspended, in order to enable him to make an explanation and read a protest on behalf of the delegates of the State of Alabama, against certain statements made in the Report of the Committee on Education in 1849, and published in the volume of Transactions of that year; the protest concluding with the following resolution:

Whereas, The 3d section of the Report on Medical Education, entitled "Legal requirements exacted of medical practitioners in the several States of the Union," being discordant with the laws of the State of Alabama, now existing and in force from 1823, unrepealed; and now especially at variance with a strict sense of justice and respect to the medical faculty of that State in their professional relations and public standing,

Resolved, That the foregoing protest be entered upon the minutes of this present Convention, and entered on its published proceedings.

On motion of Dr. Cox, the protest was accepted, and referred to the Committee of Publication.

Dr. LOPEZ, 2d Vice President, then took the Chair, and the Chairman of the Committee of the Whole reported that they had had under consideration the preamble and resolutions of Dr. BLATCHFORD, and certain other resolutions herewith submitted, proposed by Drs. LAWSON and DRAKE, of Ohio, THEOBALD, of Md. and GROSS, of Ky., which were recommended by resolution of Dr. FLINT, of N. Y., to be referred to the Standing Committee for 1851; and that they afterwards adopted the accompanying resolution of Dr. MORRIS, of Pa., offered as a substitute for the above.

On motion, the report of the committee was adopted.

Amendment offered by Dr. LAWSON, of Ohio:

Resolved, That this Association earnestly recommends to the members of the medical profession throughout the United States, to satisfy themselves, either by personal inquiry or the written certificate of competent persons, before receiving young men into offices as students, that they are of good moral character, and that they have acquired a good English education.

Resolved, That all medical colleges be advised to require of their students to exhibit evidence of a good English education prior to graduation.

Resolved, That medical colleges be advised to extend their lecture term to at least five months.

Resolved, That medical colleges be most earnestly requested to elevate the standard for graduation, and that no candidate be permitted to receive a degree who does not evince a thorough knowledge of the elements of medical science.

Resolved, That the schools which fail to comply with these resolutions, be refused a representative in this Association.

Amendment offered by Dr. DRAKE.

Resolved, That the medical schools of the United States should require pupils to remain till the end of the session, whatever may be its length, except when permission may be given to depart.

Amendment offered by Dr. THEOBALD, of Maryland:

Resolved, That those medical schools in the United States which have laws requiring a student to be 21 years of age, and to study medicine three years, before he is eligible to the degree of M. D., be requested to enforce said laws; and that those which have no such laws, enact them.

Amendment offered by Dr. GROSS, of Kentucky:

Resolved, That the resolution be so far amended as to strike out the words, "*of the University of Pennsylvania*, and the *College of Physicians and Surgeons of New York.*"

Resolution offered by Dr. MORRIS, of Pa., as a substitute, passed in Committee of the Whole, reported to the Association and adopted by it:

Resolved, That the recommendation of this Association at its former meetings in regard to medical education, be affirmed, and that private preceptors be still urged to receive into their offices only those duly qualified by previous education to engage in the study of medicine.

On motion of Dr. FLINT, the Report of the Committee on Practical Medicine was made the special order of business for the afternoon session.

Adjourned to meet at 4 P. M.

Afternoon Session.

Dr. LOPEZ, Vice President in the Chair.

The Association met at 4 P. M.

On motion of Dr. STILLE, the Report of the Standing Committee on Surgery was made the order of the day for Friday, at 9 A. M., and certain resolutions proposed by Dr. CALDWELL, the next succeeding business.

Dr. DRAKE announced that a case of samples of Tilden & Co.'s inspissated extracts had been presented to the Association, and that they were ready to be distributed amongst the members.

Dr. MORRIS, of Philadelphia, asked leave to correct an important clerical error in the resolution offered by him at the morning session in Committee of the Whole, and subsequently adopted by the Association, and that where the word *preliminary* occurs therein, the word *medical* be substituted for it. Leave was granted.

Dr. FLINT, of N. Y., offered the following resolution, which was lost.

Resolved, That a popular address, on some medical subject, shall be annually delivered during the session of this Association, before the citizens of the place in which it shall meet, and that the Nominating Committee shall nominate some member of the Association for this purpose, with an alternate in case of his failure.

Dr. WATSON, of New York, presented the following resolution, which was adopted.

Resolved, That Dr. FENNER's projected annual publication on the Diseases and Statistics of the Southern portion of the United States, meets with the

cordial approbation of the American Medical Association, and is worthy of the active support and co-operation of the profession.

Dr. J. K. MITCHELL, of Philada., presented and read the report of the Standing Committee on Practical Medicine, which was on motion received and referred to the Committee on Publication.

The following list of nominations was presented by the Nominating Committee:

Medical Sciences.

Dr. BENNET DOWLER, of New Orleans, Chairman.

Dr. Fenner, N. O.	Dr. F. G. Smith, Philada.
" Upshur, Petersburg, Va.	" Carr, Canandaigua, N. Y.
" Johnson, Marion, Ala.	" Meers, Indianapolis, Ind.

Practical Medicine.

Dr. AUSTIN FLINT, Buffalo, N. Y., Chairman.

Dr. Conger, Buffalo, N. Y.	Dr. G. L. Corbin, York Co., Va.
" R. H. Davis, Baltimore, Md.	" J. McNaughton, Albany, N.Y.
" W. A. Norwood, Hillsboro', N. C.	" R. Haymond, Brookville, Ind.

Surgery.

Dr. PAUL F. EVE, Augusta, Ga., Chairman.

Dr. J. N. Simmons, Ga.	Dr. S. D. Gross, Louisville, Ky.
" John Watson, N. Y.	" C. A. Pope, St. Louis, Mo.
" H. H. McGuire, Va.	" A. B. Palmer, Tecumseh, Mich.

Obstetrics.

Dr. D. H. STORER, Boston, Chairman.

Dr. Reynolds, Boston.	Dr. S. Thompson, Albion, Ill.
" H. Miller, Louisville, Ky.	" Parker, Kenoska, Wisconsin.
" T. M. K. Smith, Delaware.	" A. J. Mullen, Napoleon, Ind.

Medical Education.

D. WORTHINGTON HOOKER, Norwich, Ct., Chairman.

Dr. T. W. Blatchford, Troy, N. Y.	Dr. J. R. Wood, N. Y.
" J. B. S. Jackson, Boston.	" N. S. Davis, Chicago, Ill.
" E. W. Theobald, Baltimore.	" C. J. Blackburn, Covington, Ky.

Medical Literature.

Dr. THOMAS REYBURN, St. Louis, Chairman.

Dr. W. M. McPheeters, St. Louis.	Dr. Jas. Couper, Newcastle, Del.
" L. M. Lawson, Cincinnati.	" G. Tyler, Washington, D. C.
" S. Annan, Lexington, Ky.	" N. L. Thomas, Clarksville, Tenn.

Committee on Publication.

Dr. ISAAC HAYS, Philada., Chairman.

Dr. Alfred Stillé, Philada.	Dr. J. R. W. Dunbar, Baltimore.
" D. F. Condie, "	" Isaac Parrish, Philada.
" H. W. De Saussure, Charleston.	" N. Sanborn, Henniker, N. H.

Committee of Arrangements.

DR. H. R. FROST, Charleston, Chairman.

Dr. P. C. Gaillard, Charleston.	Dr. J. P. Jervey, Charleston.
" H. W. De Saussure, "	" R. Lebby, "
" W. T. Wragg, "	" D. J. Cain, "

The Committee also recommended that the next meeting of the Association be held at *Charleston, S. C.*

It was moved by Dr. BOWDITCH, that the whole report of the committee on nominations be received and adopted.

Dr. LAWSON moved that the report lie on the table, but this motion was negatived, and the original motion decided in the affirmative.

Dr. EVANS, of Chicago, presented a brief report from Dr. PRIOLEAU, Chairman of the Committee on Obstetrics, which was read and referred to the Committee on Publication, to be published or not, at their discretion.

Dr. EVANS also presented a paper relating to a new instrument invented by him, called the *Obstetrical Extractor*, and which he exhibited to the Asso-

ciation, describing upon the manikin, the mode of manipulating it. The paper was referred to the same committee, and with like conditions as the last.

Dr. DRAKE, as Chairman of the Committee of Arrangements, introduced a paper by Dr. N. S. DAVIS, upon the question, "Has the cerebellum any special connection with the sexual propensity or function of generation?" It was read by its author, and referred to the Committee on Publication.

Adjourned till Friday at 9 A. M.

May 10th.—Morning Session.

Dr. JOHNSON, Vice President, in the Chair.

The minutes of the previous meeting were read and approved.

Dr. PARSONS, of R. I., Chairman of the Committee on Medical Sciences, presented the report of the committee, which was received and referred to the Committee on Publication without being read.

The Chair announced the Report of the Committee on Surgery as the special order of business.

Dr. BRECKENRIDGE, of Ohio, moved a suspension of the rules, which was lost.

Dr. BLATCHFORD, of N. Y., asked a suspension of the rules, to enable him to present a resolution, which was refused.

Dr. MUSSEY, Chairman of the Committee on Surgery, stated that he had been requested by Dr. HUSTON, Chairman of the Committee on Spurious and Adulterated Drugs, to be permitted to read that report first, as he was about to leave the city. On motion of Dr. SMITH, of N. J., the rules were suspended in order to allow the Report of the Committee on Spurious and Adulterated Drugs to be read first, to be immediately followed by the Report of the Committee on Surgery.

Dr. HUSTON read his report, concluding with the following resolutions:

Resolved, That the various State and local Medical Societies be requested annually to appoint Boards of Examiners, whose duty it shall be to procure specimens of drugs from the stores within their limits for examination, and report upon the same to their respective Societies at least once a year.

Resolved, That the respectable druggists and apothecaries throughout the United States be requested to take active measures for suppressing the fabrication and sale of inferior and adulterated drugs; and that it is respectfully suggested to them, wherever practicable, to form themselves into Societies or Colleges, for the promotion of pharmaceutical knowledge, and general improvement in their profession.

Resolved, That a committee be appointed, consisting of one member from each State here represented, whose duty it shall be to collect information with regard to spurious and adulterated drugs, and report the same at the next meeting of the Association.

On motion of Dr. STILLÉ, the report was received, and referred to the Committee on Publication, and the resolutions were adopted.

Dr. MUSSEY, Chairman of the Committee on Surgery, presented and read the Report of the Committee, which, on motion, was received, and referred to the Committee on Publication.

Dr. C. C. CALDWELL, of Ky., presented the following resolutions:

Resolved, That a committee of —— be appointed, to take into consideration, and report at the next meeting of the Association, how far the sciences of Phrenology and Mesmerism (or Animal Magnetism) are founded in truth, and to what extent a knowledge of them may be rendered subservient to the treatment and cure of diseases.

Resolved, That a committee of —— be appointed, to take into consideration the subject of Vital Organic Chemistry, and report at the next meeting of the Association, whether a branch of science justly entitled to that name

exists, and if so, how far a knowledge of it can be rendered available to the welfare of man.

Dr. STILLÉ, of Pa., offered the following resolutions as a substitute for the above. DR. CALDWELL accepted the substitution, and they were adopted.

Resolved, That Dr. CALDWELL be requested to prepare a report, to be presented at the next meeting, showing how far, in his judgment, the sciences of Phrenology and Mesmerism are founded in truth, and to what extent a knowledge of them may be rendered subservient to the treatment and cure of diseases.

Resolved, That Dr. CALDWELL be requested to take into consideration the subject of Vital Organic Chemistry, and report to the next meeting whether, in his judgment, it can be justly called a branch of science, and if so, how far a knowledge of it can be rendered available to the welfare of man.

The Committee on Nominations reported the following names as composing the Committees:

Committee on Indigenous Medical Botany and Materia Medica.

Dr. A. CLAPP, New Albany, Indiana, Chairman.

Dr. J. M. Bigelow, Lancaster, Ohio,
" G. Engelman, Mo.
" H. R. Frost, S. C.
Dr. J. Carson, Philadelphia,
" N. B. Ives, New Haven, Conn.
" U. Parsons, Providence, R. I.

Committee on Hygiene.

Dr. JAS. MOULTRIE, Charleston, South Carolina, Chairman.

Dr. P. C. Gaillard, S. C.
" H. W. De Saussure, S. C.
" D. Drake, Cincinnati, Ohio,
Dr. L. H. Anderson, Sumpterville, Ala.
" G. Emerson, Philadelphia.
" J. Parrish, Burlington, N. J.

On motion the Report was accepted, and the nominations confirmed.

On motion, the Report of the Committee on *Medical Literature* was made the special order for the Afternoon Session.

On motion of Dr. YARDLEY, it was

Resolved, That the Committee on Hygiene be requested to report the best plan of warming and ventilating public and private buildings.

Dr. BLATCHFORD, of N. Y., offered the following:

Resolved, That a Special Committee on Pharmacy and the Adulteration of Drugs shall be appointed by the President, consisting of seven members, of whom Dr. T. O. EDWARDS, of Ohio, shall be Chairman, to report at our next annual meeting; and that the Special Committee on Forensic Medicine, appointed last year under Dr. STEVENS' resolution, be reappointed, and that it be optional with Dr. STEVENS to continue as Chairman, or to appoint a successor, which was adopted.

On motion of Dr. MORRIS, of Pa., it was

Resolved, That it is with great satisfaction the members of this Association have observed the establishment of drug stores in which neither patent medicines, nostrums, nor other articles by which the artful and designing impose on the ignorant and credulous are exposed for sale; and that the Association recommends to its members to exert their influence in their respective spheres of action to encourage similar efforts in other places.

DR. PHELPS, of N. Y., offered the following resolution, which was adopted.

Whereas, The clerical profession often, though perhaps sometimes unwarily, yield their extensive influence in the community in giving currency to quackery and quack medicines, therefore

Resolved, That this subject be referred to the Committee on Hygiene, to consider and report at the next annual meeting of the Association.

Dr. W. Hooker, of Ct., offered the following resolutions:

Resolved, That the rule in relation to nostrums and secret medicines, contained in our code of medical ethics, ought to be strictly observed by the medical profession under all circumstances.

Resolved, That when a physician claiming to be the inventor of a new medicine, and using the measures of the common quack in effecting its sale, manages to escape censure and punishment, and to obtain even the countenance of a portion of the profession, by revealing the composition of his medicine to such of his medical brethren as may desire it, he is guilty of a dishonorable evasion of the rule referred to, and should be so considered and treated by the whole profession.

Dr. Lawson, of Ohio, moved to amend by the addition of the following:—

Resolved, That this Association regards it as contrary to its system of ethics for medical journals to advertise nostrums, or secret remedies, although their composition may have been made known to the editor.

The resolutions and amendment were then adopted.

Adjourned to 3½ o'clock, P. M.

May 10th, Afternoon Session.

Dr. Johnson, Vice President, in the Chair.

Dr. Miller, of Kentucky, moved a suspension of the rules, and offered the following preamble and resolution, which were adopted.

Whereas, Clinical instruction in medicine and surgery is now generally acknowledged to be essential to the proper qualification of students for the practice of these branches of our profession, and, whereas, it must be admitted that clinical instruction in midwifery would be equally valuable, therefore,

Resolved, That the Committee on Medical Education be instructed to inquire whether any practical scheme can be devised to render instruction in midwifery more practical than it has hitherto been in the medical schools of the United States, and report at the next meeting of this Association.

The secretary presented several reports, &c., which, on motion, were made the special order immediately after the report on Medical Literature.

Dr. Stillé, Chairman, presented and read the report of the Committee on Medical Literature, concluding with the following resolutions:

Resolved, That the Association regards the cultivation of Medical Literature as essential to professional improvement, and as adapted to form one of the broadest lines of distinction between physicians and all pretenders to the name.

Resolved, That in the opinion of this Association it is equally the duty and the interest of the profession to sustain its periodical literature, both by literary contributions and subscription.

Resolved, That since literary excellence is best developed by literary studies, the formation of medical reading clubs, after the plan set forth in the report, is urged especially upon physicians in places where the periodical and other medical publications of the day are not readily accessible upon other terms.

Resolved, That the standing committee on Medical Literature be instructed to report to the Association at its next meeting, what medical work published during the year of their service, in their judgment is the most valuable, and, with the consent of the Association, such work shall be formally proclaimed by the President.

Resolved, That the State and local societies are hereby recommended to offer pecuniary reward, or other distinction, for the best memoir founded upon original observation.

Resolved, That medical colleges are hereby recommended to distinguish the best inaugural thesis by a public announcement of its subject and the name of its author, and in such other manner as they may deem appropriate

Resolved, That the sum of *one hundred dollars* raised by voluntary contribution, be offered by this Association for the best *experimental* essay on a subject connected either with Physiology or Medical Chemistry, and that a committee of seven be appointed to carry out the objects of this resolution: said committee to receive the competing memoirs until the first day of March, 1851; the authors names to be concealed from the committee: and the name of the successful competitor alone to be announced after the publication of the decision.

On motion the report was accepted, and referred to the committee of publication, and the resolutions were adopted.

The Report and memorial of the committee on an international copyright law, ordered to be prepared at the last meeting of the Association, was read and accepted, and the memorial ordered to be signed by the officers and transmitted to Congress.

The Report of the special committee, appointed to consider the measures suggested in the Report on Medical Literature, for 1849, was submitted: the following resolution appended to the report was read and adopted.

Resolved, That in the opinion of this Association, the only legitimate means within our reach for the encouragement and maintenance of a national medical literature, is to increase the standard of preliminary and professional education required of those who would enter the medical profession; to promote the circulation among the members of the profession of the medical journals of the day; to encourage the establishment of district medical libraries, and to induce every practitioner to cultivate, with care, the fields of observation and research that are within his reach.

On motion the report was accepted and referred to the committee on publication.

Dr. Gross, of Ky., offered the following preamble and resolutions which were adopted.

Whereas, The interests and dignity of the medical profession of the United States, as well as a true spirit of patriotism and a love of independence demand that we should use all proper and honorable means for the establishment of a national medical literature, and, whereas, we have hitherto paid too blind and indiscriminate a deference and devotion to European authorities, and not sufficiently patronized and protected our own, Therefore

Resolved, That this Association earnestly and respectfully recommends to the medical profession generally, and to the various medical schools in particular, the employment of native works as text books for their pupils, instead of the productions of foreign writers.

Resolved, That the editing of English works by American physicians, has a tendency to repress native literary and scientific authorship, and ought therefore to be discouraged by all who have at heart the objects contemplated in this preamble.

Resolved, That this Association will always hail with satisfaction the reprint, in their original and unmutilated form, of any meritorious works that may emanate from the British press.

On motion of Dr. Roberts, of Md., it was

Resolved, That a committee of three be appointed by the chair for the purpose of preparing for the action of the Association at its next convention, all unfinished business found upon its records.

Dr. Roberts, also offered the following, which was adopted.

Resolved, That all proposed alterations of the constitution be, and they hereby are, laid on the table for the present.

Dr. Drake, of Ohio, offered the following as an amendment to the constitution.

Resolved, That the second section of the Retgulaions of the Association be so amended, as to require that candidates for membership, by invitation, be nominated in writing by five members: that when elected they shall enjoy

all the rights of delegates, and that all permanent members shall be entitled to vote. The resolution involving an amendment to the constitution lies on the table till the next meeting.

Dr. McGuire, of Va., offered the following Preamble and Resolutions, which were unanimously adopted.

Whereas, in every properly organized community governed by military laws, every member of it should possess a recognized position; as no military organization can be efficient and complete without including a corps of competent surgeons; as the value of their services depends in a great measure upon the degree of respect accorded to them, the common interests of our country and of our profession demand that the legal position of medical men in the army and navy should be such as will secure them due consideration by their military associates, independently of a contingent courtesy; and as efforts are now being made to deprive medical officers in the navy of the relative position or assimilated rank conferred by a general order of the navy department, it concerns the honor of the whole profession to assist its members in the navy to obtain and secure an assimilated rank by law. Therefore,

Resolved, That the American Medical Association is gratified by the legislation of Congress which has conferred military rank on medical officers of the army, as it places them on an equality with officers of the several staff departments, and thus gives them a position to which the importance and dignity of the profession they represent entitles them; and it is earnestly desired that Congress, in its present session, will extend the same privileges and immunities to medical officers in the navy.

Resolved, That the members of the American Medical Association will exert their influence to sustain the just pretensions of their brethren to an assimilated rank in the military organizations of the country; and they would view with feelings of deep mortification a proposition from any source to deprive the medical officers of the army of any of the privileges or powers secured to them by the act of Congress approved 11th February, 1847, a law which confers upon them a protective or conservative rank, and enables them to discharge their duties more effectually.

Resolved, That the members of the American Medical Association hear with regret that several naval commanders have disregarded the general orders of the navy department, which place medical officers on an equality of rights and privileges, (except military command) with other officers in the navy; and they consider such resistance of the authority of the Secretary of the Navy an assumption which cannot be sanctioned by enlightened men of the present age, and should at once be put down by public opinion and by the authority of the government.

Resolved, That a definite position or assimilated rank, not inferior to that possessed by the medical staff of the army, should be assigned by law to medical officers in the navy, and therefore that the attention of the Senate and House of Representatives of the United States be, and is hereby invited to the subject.

Resolved, That copies of these resolutions be transmitted to the Secretaries of War and of the Navy, through the chiefs of the medical department of each service and the presiding officer of the Senate and House of Representatives of the United States.

On motion of Dr. Bowditch, it was

Resolved, That the Committee on Medical Education, be requested to report, at the next annual meeting of this Association, whether in their opinion any plan can be devised whereby medical students may receive a more thorough education in practical chemistry, than they receive at present at any of the medical colleges in the Union.

The Secretary presented the report of the Committee on Indigenous Medical

Botany; a report on the vital statistics of New Orleans, by Dr. Symonds; Biographical notices of deceased physicians, by Dr. Williams, all of which were referred to the Committee on Publication; and a catalogue of Indigenous Medical Botany which was referred to the Committee on Botany. Dr. FLINT of N. Y., submitted the following resolution which was adopted.

Resolved, That the manuscript works of the late lamented Dr. FORRY be referred to the Committee on Publication, to be published in connection with the Transactions of the Association provided it be deemed advisable by the committee, and consistent with the pecuniary resources of the Association.

Dr. W. L. SUTTON, of Ky., nominated by Dr. DRAKE a permanent member, was unanimously received.

On motion of Dr. GROSS, of Ky., it was,

Resolved, That a committee be appointed to report at the next annual meeting of this Association on the propriety of recommending to the American people the importance of establishing Schools of *Veterinary Medicine and Surgery*, in which the diseases of the horse, ox, dog, and other domestic animals may be investigated, and thorough, and sufficient courses of instruction delivered to such young men as may wish to qualify themselves for the practice of the Veterinary Profession.

Dr. M. L. KREIDER, of Ohio, presented a protest and resolution against the vending of spurious and adulterated drugs, from the *Fairfield County Medical Institute*, which was read by the Secretary and referred to the Special Committee of which Dr. EDWARDS is Chairman.

The following resolution, submitted by Dr. MEAD, of Illinois, was referred to the Committee on Medical Education.

Resolved, That the Committee on Medical Education be instructed to enquire into the expediency of recommending to the Colleges to abolish the rule which allows four years' practice to be received as an equivalent for attendance on one course of lectures, and to require all candidates for graduation to attend two full courses; also, the expediency of adopting a uniform rate of lecture fees, varying in amount only between the Colleges of the North and those of the South.

On motion of DR. STILLÉ, the President was requested to appoint the several committees called for by the resolutions adopted during the session, and not otherwise provided for.

Committee on Pharmacy and Adulteration of Drugs, under Dr. BLATCHFORD'S *Resolution.*

Dr. T. O. EDWARDS, Cincinnati, Chairman.

Dr. T. W. Blatchford, Troy, N. Y.	Dr. E.W.Theobald, Baltimore,Md.
" R. M. Huston, Philadelphia,	" H. R. Frost, Charleston, S. C.
" H. J. Bowditch, Boston, Mass.	" J. B. Johnson, St. Louis.

Committee on Prize Essays, under Dr. STILLÉ'S *Resolution.*

Dr. F. G. SMITH, Philadelphia, Chairman.

Dr. A. Stillé, Philada.	Dr. F. Bache, Philada.
" R. Bridges, "	" L. P. Yandell, Louisville,
" W. L. Atlee, "	" Jas. Moultrie, S. C.

DR. JENNINGS, of Mass., offered the following resolution, which was adopted:

Resolved, That the thanks of this Association be tendered to the Messrs. Tilden, of New Lebanon, N. Y., for samples of their medicinal extracts, which they have presented to this Association.

DR. MORRIS, of Pa., presented the following resolutions, which were seconded by DR. YANDELL, of Ky., and unanimously adopted:

Resolved, That the thanks of this Association be tendered to the Committee of Arrangements for the careful and judicious manner in which they have

provided for its accommodations, and their constant, assiduous attention to promote the convenience of its members.

Resolved, That we appreciate highly the hospitality and courtesy with which we have been received by the Medical Profession of Cincinnati, and assure them of the heartfelt gratitude with which we shall reflect upon the kindness they have manifested in our reception and entertainment.

Resolved, That the thanks of this Association be presented to the Board of Trustees of the Cincinnati Medical College, for the kindness with which they have placed their Hall at the service of this body.

On motion, the Association adjourned *sine die*.

[We have occupied a large portion of the pages of the Examiner with our account of the proceedings of the AMERICAN MEDICAL ASSOCIATION at its last meeting. This has been done at the expense of the "Record;" but the great interest manifested to know what was accomplished, will, we trust, prove sufficient apology.

The analyses of the reports on Practical Medicine, Adulterated Drugs, Surgery, and Medical Literature, have been necessarily postponed for want of room. We hope to present them in our next. To the Secretary, Dr. Stillé, our thanks are due much for valuable assistance in preparing this report. To the profession in Cincinnati the members of the Association are under the deepest obligations for the constant and unwearying efforts displayed in the promotion of their comfort and happiness. We are sure they can never be forgotten.—ED. EXAM.]

NATIONAL MEDICAL CONVENTION,

For Revising the Pharmacopœia of the United States.

The fourth decennial convention for revising the Pharmacopœia of the United States, met at Washington on Monday, the 6th inst. The following delegates were present in the Convention:

From the Rhode Island Medical Society, Dr. JOSEPH MAURAN.

From the Geneva Medical College, Dr. JAMES BRYAN.

From the College of Pharmacy of the City of New York, Messrs. JOHN MILHAU and GEORGE D. COGGESHALL.

From the Medical Society of New Jersey, Drs. LEWIS CONDICT and WM. A. NEWELL.

From the College of Physicians of Philadelphia, Drs. JOSEPH CARSON, HENRY BOND, and FRANCIS WEST.

From the University of Pennsylvania, Drs. GEORGE B. WOOD, and JAMES B. ROGERS.

From the Jefferson Medical College of Philadelphia, Dr. FRANKLIN BACHE.

From the Medical Faculty of the Pennsylvania College, Dr. H. S. PATTERSON.

From the Medico-Chirurgical College of Philadelphia, Dr. CLINTON G. STEES.

From the Philadelphia College of Pharmacy, Messrs. D. B. SMITH, CHAS. ELLIS, and WM. PROCTER, Jr.

From the Medical Society of Delaware, Drs. ISAAC JUMP and J. W. THOMSON.

From the Medical and Chirurgical Faculty of Maryland, Drs. DAVID STEWARD and JOSHUA I. COHEN.

From the Medical Society of the District of Columbia, Drs. J. C. HALL and HARVEY LINDSLY.

From the National Medical College of the District of Columbia, Drs JOSHUA RILEY, THOMAS MILLER, and EDWARD FOREMAN.

From the Medical Department of the National Institute, D. C., Drs. Jas. Wynne and S. D. Gale.

From the Georgetown Medical College, Dr. F. Howard.

And from the Rush Medical College, Illinois, Dr. G. N. Fitch.

The credentials of delegates from the New Hampshire Medical Institution, the University of Buffalo, the Medical Department of Hampden Sidney College, the Medical Society of South Carolina, the Medical College of Ohio, the Cincinnati College of Pharmacy, the Missouri Medical Society, and the Medical Faculty of the University of Iowa, were presented by the Vice President of the Convention of 1840; but these delegates did not make their appearance during the session of the convention.

A temporary organization was effected by calling Dr. Lewis Condict, President of the Convention of 1840, to the chair, and appointing Dr. Haryey Lindsly, Secretary. A committee of five was then appointed, consisting of Dr. Bache, Dr. Mauran, Dr. Thomson, Dr. Miller, and Mr. Coggeshall, to nominate the permanent officers of the convention, with instructions to name two Vice Presidents, instead of one, as had been the custom on former occasions. This committee retired, and, after a short consultation, reported the names of the following delegates, viz:

For President, Dr. George B. Wood, of Pennsylvania.

For Vice Presidents, Dr. Joseph Mauran, of Rhode Island, and Dr. D. Y. Simons, of South Carolina.

For Secretary, Dr. Harvey Lindsly, of the District of Columbia; and for Assistant Secretary, Dr. Edward Foreman, of the same place.

The nominations were confirmed by the convention, and the President took the chair.

[On motion, it was *Resolved*, that the Surgeon General of the Army, and the Chief of the Naval Bureau of Medicine and Surgery be invited to take seats in the Convention, with all the privileges of members.

On motion, it was *Resolved*, that such members of the two Houses of Congress as might be medical graduates, be invited to attend the meetings of the Convention, and to participate in its deliberations.]

In conformity with the directions of the preceding convention, the Committee of Revision and Publication appointed by that body, presented a report of their proceedings, which was accepted.

[From this Report, it appeared that the proceeds of sale of the copy-right of the last Pharmacopœia had been expended in the purchase of a number of copies of the work, for presentation to the different bodies which had been represented in the Convention, and that they had been distributed accordingly.]

The delegates of the several medical bodies represented in the Convention were then called on for contributions towards the revision of the Pharmacopœia; when reports were handed in from the delegates of the Rhode Island Medical Society, from the College of Pharmacy of the City of New York, from the College of Physicians of Philadelphia, from the Philadelphia College of Pharmacy, and from the Medical and Chirurgical Faculty of Maryland. These reports were referred to a committee, consisting of Dr. Bond, Dr. Mauran, Dr. Cohen, Dr. Miller and Mr. Milhau, with directions to report a plan for the revision and publication of the Pharmacopœia; after which the convention adjourned to the following day.

At the next meeting, on Tuesday morning, a committee was appointed to examine the accounts and vouchers presented by the Committee of Revision and Publication of the preceding convention, and reported that they had found them correct.

Dr. Bond, from the committee to which had been referred the reports from various medical bodies represented in the convention, reported the following resolutions:

1. That a Committee of Revision and Publication, consisting of nine members, be appointed, to which shall be referred all communications offered to the convention in relation to the revision of the Pharmacopœia, and that three of this committee shall form a quorum.

2. That the committee shall meet in the city of Philadelphia, and be convened as soon as practicable by the chairman.

3. That said committee shall be authorized to publish the work after its revision, and to take all other measures which may be necessary to carry out the views and intentions of the convention.

4. That the committee shall have power to fill its own vacancies.

5. That, after the completion of its labors, the committee shall submit a report of its proceedings to the Secretary of this convention, to be laid before the next convention.

These resolutions were adopted, and the following delegates appointed on the committee, viz: Dr. Franklin Bache, Dr. Joseph Carson and Mr. William Procter, Jr. of Philadelphia; Dr. Joseph Mauran, of Providence, Rhode Island; Mr. John Milhau, of the City of New York; Dr. J. W. Thompson, of Wilmington, Delaware; Dr. David Stewart, of Baltimore; Dr. Joshua Riley, of the District of Columbia; and Dr. G. N. Fitch, of Logansport, Indiana.

It was resolved that the President of the convention be added to the above committee, and serve as its chairman.

[A communication from New York was received, recommending the restoration of the *Latin* page to the Pharmacopœia, as it stood previously to the revision in 1840. After a full and spirited discussion of the point of expediency in regard to publishing the formulæ, processes, &c., in Latin, the recommendation was unanimously *negatived*.]

In reference to the manner of calling and the mode of constituting the next decennial convention, to meet in the year 1860, it was

Resolved, That the regulations in reference to the present convention, adopted by that of the year 1840, and published in the last edition of the Pharmacopœia, should be adopted, with the necessary modifications in relation to the dates; the day of meeting being changed from the first Monday to the first Wednesday in May.

A letter was read inviting the members of the convention to a dinner, to be given at the National Hotel, by the medical gentlemen of Washington and Georgetown. The invitation was accepted, and the thanks of the convention voted to the gentlemen referred to for their hospitality.

The thanks of the convention were also unanimously voted to Dr. Lewis Condict, President of the last convention, for valuable services; and to the Board of Aldermen, of the city of Washington, for their courtesy in offering their hall for the sittings of the convention.

The convention then adjourned.

After its adjournment, Dr. William B. Chapman, one of the delegates from the Cincinnati College of Pharmacy, arriving in Washington, stated to the Secretary his concurrence in the proceedings of the convention.

HARVEY LINDSLEY, M. D., *Secretary of the Convention.*

The portions of the above report, enclosed in brackets, have been added by a friend, who was a member of the Convention. The remainder was reported for the National Intelligencer, Washington.—[ED. MED. EX.

UNIVERSITY OF PENNSYLVANIA.

Dr. G. B. Wood has been transferred from the chair of Materia Medica in this Institution, to that of the Theory and Practice of Medicine, vacated by the resignation of Dr. Chapman.